



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER (718) 461-0778

ACTIVEINFO AGENCY INC
40-13 MAIN ST STE 2B
FLUSHING, NY 11354

CONTACT NAME: ACTIVEINFO AGENCY INC.

PHONE (A/C, No, Ext): (718) 461-0778

FAX (A/C, No):

E-MAIL

ADDRESS: active_info@yahoo.com

PRODUCER

CUSTOMER ID #:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED 917-251-7329
C & L GROUP NY INC
15027 58TH AVE FL2
FLUSHING, NY 11355

INSURER A: WESTERN HERITAGE

INSURER B: NYSIF

INSURER C: FIRST REHAB LIFE

INSURER D:

INSURER E:

INSURER F:

COVERS

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY					EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 1,000	
			SCP0 876833	06/25/2014	06/25/2015	PERSONAL & ADV INJURY	\$ 2,000,000	
						GENERAL AGGREGATE	\$ 3,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					COMBINED SINGLE LIMIT (Ea accident)	\$	
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
	AUTOMOBILE LIABILITY					PROPERTY DAMAGE (Per accident)	\$	
	ANY AUTO						\$	
	ALL OWNED AUTOS						\$	
	SCHEDULED AUTOS						\$	
	HIRED AUTOS						\$	
	NON-OWNED AUTOS						\$	
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE	\$	
	DEDUCTIBLE						\$	
	RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				WC STATUTORY LIMITS	OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A	Q 2308 804-0	10/22/2013	10/22/2015	E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
C	DBL		D420649	10/22/2013	10/22/2015			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INSURED: 534 West 42nd Street Condo Association C/O Livingstone Management Services LLC 225 West 35th St. Suite 1500
New York, NY 10001

CERTIFICATE HOLDER AS ADDITIONAL INSURED

CERTIFICATE HOLDER

Claude Simon
534 W 42nd St #8
New York, NY 10036

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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