



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/6/2026

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 have ADDITIONAL INSURED provisions or 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		CONTACT NAME: Tobin Guy Lustgarten	
Lustgarten Associates Inc 375 5th Avenue - 3rd Floor New York, New York 10016		PHONE (A/C, No, Ext): (212) 683-2440	FAX (A/C, No): (212) 447-7265
		E-MAIL ADDRESS: Services@lustgarten-insurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Champlain Specialty Insurance Co	
INSURED		INSURER B: Starstone National Insurance Co.	25496
The 534 West 42nd Street Condominium 534 West 42nd ST New York Ny 10036		INSURER C: DUAL COMMERCIAL LLC	
		INSURER D: Scottsdale Insurance Company	
		INSURER E:	
		INSURER F:	

COVERAGES

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.

EXCLUSIONS AND CONDITIONS OF THIS POLICY. LIMITS OWNED MAY HAVE BEEN REDUCED BY ADD CLINIC.																
INSR LTR	TYPE OF INSURANCE		ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			Y	CSSECGL0003397-01	10/1/2025	10/1/2026	EACH OCCURRENCE		\$ 1,000,000						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 100,000						
								MED EXP (Any one person)		\$ 15,000						
								PERSONAL & ADV INJURY		\$ 1,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$ 2,000,000						
	POLICY <input checked="" type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG		\$ 2,000,000						
	OTHER: AGG:\$5,000,000									\$						
	AUTOMOBILE LIABILITY			Y	74326A240ALI	9/23/2025	9/23/2026	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000						
	<input checked="" type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)		\$						
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY							BODILY INJURY (Per accident)		\$						
	<input type="checkbox"/> HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$						
										\$						
										\$						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR		Y	74326A240ALI	9/23/2025	9/23/2026	EACH OCCURRENCE		\$ 5,000,000					
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE						AGGREGATE		\$ 5,000,000					
	DED <input type="checkbox"/> RETENTION \$								Follow Form		\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N	N / A				PER STATUTE	OTH-ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT		\$ 1,000,000					
	(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT		\$ 1,000,000					
C	PROPERTY COVERAGE				ATESP05323-00	9/17/2025	9/17/2026	BLD LIMIT		4,015,350						
	D - ADD EXC POL YS40368777							EXCESS LIMIT		2,000,000						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required).

Proof of Insurance

CERTIFICATE HOLDER

CANCELLATION

Proof of Insurance

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

IVE
Oliver Lester Aston

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