



WESTGAR-01

NVERDERESE

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/4/2024

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).


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|--|---|--|
| <b>PRODUCER</b><br>Levitt-Furst Associates, LTD<br>520 White Plains Road<br>2nd Floor<br>Tarrytown, NY 10591                                 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): (914) 457-4200      FAX (A/C, No): (914) 457-4200<br>E-MAIL ADDRESS: info@levittfurst.com |  |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  |
| <b>INSURED</b><br>Westchester Gardens Owners Inc<br>c/o Robert Orlofsky Realty Inc<br>7 Bryant Crescent - Suite 1C<br>White Plains, NY 10605 | <b>INSURER A : Accelerant National Insurance Company</b> <b>10220</b>   |  |
|  | <b>INSURER B : StarStone National Insurance Co.</b> <b>25496</b>  |  |
|  | <b>INSURER C : Travelers Casualty and Surety Company of America</b> <b>31194</b>  |  |
|  | <b>INSURER D :</b>  |  |
|  | <b>INSURER E :</b>  |  |
|  | <b>INSURER F :</b>  |  |

**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.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |           |          | N0017PK000327-01 | 6/1/2024                | 6/1/2025                | EACH OCCURRENCE \$ <b>1,000,000</b>                         |
|          |   |           |          |                  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> |
|          |   |           |          |                  |                         |                         | MED EXP (Any one person) \$ <b>10,000</b>                   |
|          |   |           |          |                  |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                   |
|          |   |           |          |                  |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>                       |
|          |   |           |          |                  |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>                  |
|          |   |           |          |                  |                         |                         | \$  |
| A        | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY |           |          | N0017PK000327-01 | 6/1/2024                | 6/1/2025                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>     |
|          |   |           |          |                  |                         |                         | BODILY INJURY (Per person) \$                               |
|          |   |           |          |                  |                         |                         | BODILY INJURY (Per accident) \$                             |
|          |   |           |          |                  |                         |                         | PROPERTY DAMAGE (Per accident) \$                           |
|          |   |           |          |                  |                         |                         | \$  |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                 |           |          | 83666S241ALI     | 6/1/2024                | 6/1/2025                | EACH OCCURRENCE \$ <b>5,000,000</b>                         |
|          |   |           |          |                  |                         |                         | AGGREGATE \$ <b>5,000,000</b>                               |
|          |   |           |          |                  |                         |                         | \$  |
|          |   |           |          |                  |                         |                         | PER STATUTE    OTH-ER                                       |
|          |   |           |          |                  |                         |                         | E.L. EACH ACCIDENT \$                                       |
|          |   |           |          |                  |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                               |
|          |   |           |          |                  |                         |                         | E.L. DISEASE - POLICY LIMIT \$                              |
| A        | SPC/RC/AA   |           |          | N0017PK000327-01 | 6/1/2024                | 6/1/2025                | <b>BUILDING \$5,000 Ded</b> <b>29,190,000</b>               |
| C        | Crime   |           |          | 106388933        | 10/1/2023               | 10/1/2024               | <b>\$5000 Ded</b> <b>500,000</b>                            |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Location - 445 Gramatan Avenue Mount Vernon, NY 10552  
#Units - 112

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|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>Westchester Gardens Owners Inc.<br>c/o Robert Orlofsky Realty Inc<br>7 Bryant Crescent - Suite 1C<br>White Plains, NY 10605 | <b>CANCELLATION</b><br><br>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<br>  |



## ADDITIONAL REMARKS SCHEDULE

|   |                      |   |  |
|---|----------------------|---|--|
| AGENCY<br>Levitt-Fuirst Associates, LTD |                      | NAMED INSURED<br>Westchester Gardens Owners Inc<br>c/o Robert Orlofsky Realty Inc<br>7 Bryant Crescent - Suite 1C<br>White Plains, NY 10605 |  |
| POLICY NUMBER<br>SEE PAGE 1             |                      |   |  |
| CARRIER<br>SEE PAGE 1                   | NAIC CODE<br>SEE P 1 | EFFECTIVE DATE: SEE PAGE 1  |  |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Addtl Coverages**  
**Additional Policy:**

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D&O, Travelers Insurance Co, Pol#107044238 term 2/24/24 to 2/24/25, \$1 limit, \$2500 Ded

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Crime/Fidelity - Property Manager Non Compensated D&O Rider Included  
Travelers Indemnity #106388933 10/01/2023-2024

**Additional Coverages:**

Replacement Cost / Agreed Amount  
Building Deductible - \$5,000  
Business Income - \$1,433,221 - 72 Hour Deductible  
Ordinance or Law - A - \$29,190,000  
Ordinance or Law - \$5,000,000 Combined Limit B&C

Earthquake - \$1,000,000 - \$50,000 Ded  
Flood - \$1,000,000 - \$50,000 Ded

Underground Water - included in Bldg Limit  
Backup of Sewers and Drains - Included in Bldg Limit  
Boiler and Machinery - \$30,666,540 \$5,000 Ded

Policy does not Contain a Wind/Hail Exclusion or a separate deductible