

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/18/2024

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.

| this certificate does not confer rights to   | Jaile                 | JUIL   | nouse notion in neu of St   | CONTAC<br>NAME:  |                                       |   |                                    |              |           |                      |  |
|--|-----------------------|--|---|--|---------------------------------------|---|------------------------------------|--------------|-----------|----------------------|--|
| Levitt-Fuirst Associates, LTD  |                       |  |   |  |                                       | FAX                                       | ):(914) 457-4200                   |              |           |                      |  |
| 520 White Plains Road<br>2nd Floor   |                       |  |   | E-MAIL   | s: info@lev                           | ittfuirst.co                              | m                                  | (A/C, No):   | 314)      | 437-4200             |  |
| Tarrytown, NY 10591  |                       |  |   | ADDRES   |                                       |   |                                    |              |           | NAIC#                |  |
|  |                       |  |   | INSURER A: Insurance Company of Greater New York 22195 |                                       |   |                                    |              |           |                      |  |
| INSURED  | NSURED                |  |   |  |                                       | INSURER B : XL Insurance America          |                                    |              |           |                      |  |
| Ryeview Condominium Assoc<br>c/o Robert Orlofsky Realty  |                       |  |   |  |                                       |   | d Surety Compa                     | nv of Am     | erica     | 24554<br>31194       |  |
|  |                       |  |   |  | RD:                                   |   |                                    | ,            |           | 01104                |  |
| 7 Bryant Crescent - 1C<br>White Plains, NY 10605   |                       |  |   | INSURER E :  |                                       |   |                                    |              |           |                      |  |
|  |                       |  |   | INSURER F:   |                                       |   |                                    |              |           |                      |  |
| COVERAGES CER  | TIFIC                 | ATE  | NUMBER:   |  |                                       |   | REVISION NUMBER:                   |              |           |                      |  |
| THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | REQUI<br>PER<br>POLIC | REMI<br>TAIN,<br>CIES.   | ENT, TERM OR CONDITIO<br>THE INSURANCE AFFOR<br>LIMITS SHOWN MAY HAVE | N OF A<br>DED BY                                       | NY CONTRAC<br>THE POLICI<br>EDUCED BY | OT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS: | R DOCUMENT WI<br>ED HEREIN IS S    | TH RESPE     | CT TO     | WHICH THIS           |  |
| INSR TYPE OF INSURANCE   | ADDL<br>INSD          | avw  | POLICY NUMBER   |  | POLICY EFF<br>(MM/DD/YYYY)            | POLICY EXP<br>(MM/DD/YYYY)                |                                    | LIMIT        | S         | 4 000 000            |  |
| A X COMMERCIAL GENERAL LIABILITY   |                       |  |   |  |                                       |   | EACH OCCURRENT                     | CE           | \$        | 1,000,000            |  |
| CLAIMS-MADE X OCCUR  |                       |  | 6131M95966  |  | 6/20/2024                             | 6/20/2025                                 | DAMAGE TO RENT<br>PREMISES (Ea occ | urrence)     | \$        |                      |  |
|  |                       |  |   |  |                                       |   | MED EXP (Any one                   | person)      | \$        | 5,000<br>1,000,000   |  |
| Turned and in present of the H   |                       |  |   |  |                                       |   | PERSONAL & ADV                     |              | \$        | 2,000,000            |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:   |                       |  |   |  |                                       |   | GENERAL AGGRE                      |              | \$        | Included             |  |
| X POLICY PRO-<br>OTHER:  |                       |  |   |  |                                       |   | WATER DAMAGE LE                    |              | \$        | 1,000,000            |  |
| A AUTOMOBILE LIABILITY   |                       |  |   |  |                                       |   | COMBINED SINGLE<br>(Ea accident)   | E LIMIT      | \$        | \$ 1,000,00          |  |
| ANY AUTO   |                       |  | 6131M95966  |  | 6/20/2024                             | 6/20/2025                                 | BODILY INJURY (P                   |              | \$        |                      |  |
| OWNED AUTOS ONLY SCHEDULED AUTOS   |                       |  |   |  |                                       |   | BODILY INJURY (P                   | er accident) | \$        |                      |  |
| X HIRED ONLY X NON-OWNED AUTOS ONLY  |                       |  |   |  |                                       |   | PROPERTY DAMAG<br>(Per accident)   | GE           | \$        |                      |  |
|  |                       |  |   |  |                                       |   |                                    |              | s         |                      |  |
| B X UMBRELLA LIAB X OCCUR  |                       |  |   |  |                                       |   | EACH OCCURREN                      | JRRENCE \$   | 5,000,000 |                      |  |
| EXCESS LIAB CLAIMS-MADE  | 4                     |  | AUR0506117  |  | 6/20/2024                             | 6/20/2025                                 | AGGREGATE                          |              | \$        | 5,000,000            |  |
| DED X RETENTION \$ 10,000  | )                     |  |   |  |                                       |   |                                    |              | \$        |                      |  |
| WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y/N   |                       |  |   |  |                                       |   | PER                                | OTH-<br>ER   |           |                      |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                   |  |   |  |                                       |   | E.L. EACH ACCIDE                   | NT           | \$        |                      |  |
| (Mandatory in NH)  If yes, describe under  |                       |  |   |  |                                       |   | E.L. DISEASE - EA                  | EMPLOYEE     | \$        |                      |  |
| DÉSCRIPTION OF OPERATIONS below  | -                     |  | 6131M95966  |  | 6/20/2024                             | 6/20/2025                                 | E.L. DISEASE - POI                 |              | \$        | C 05C 050            |  |
| A Spc/RC/AA<br>C Crime   |                       |  | 106759311   |  | 6/20/2024                             | 6/20/2025                                 | \$1.500 Deduct                     |              |           | 6,056,050<br>250,000 |  |
| C Crime  | 1                     |  | 100/39311   |  | 0/20/2024                             | 0/20/2023                                 | \$ 1,500 Deduct                    | lible        |           | 250,000              |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>Located: 100 Theodore Fremd Ave Rye, NY   | CLES (#<br>1058       | ACORI  | D 101, Additional Remarks Schedu<br>26 Units                          | ule, may b   | e attached If mor                     | e space Is requi                          | red)                               |              |           |                      |  |
| CERTIFICATE HOLDER   |                       |  |   | CANC   | ELLATION                              |   |                                    |              |           |                      |  |
| Ryeview Condominium Ass<br>c/o Robert Orlofsky Realty<br>7 Bryant Crescent - 1C  | w                     | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |   |  |                                       |   |                                    |              |           |                      |  |
| White Plains, NY 10605   |                       |  |   | AUTHORIZED REPRESENTATIVE                              |                                       |   |                                    |              |           |                      |  |

LOC #: 0



## ADDITIONAL REMARKS SCHEDULE

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| AGENCY                        |           | NAMED INSURED   |  |  |  |  |
|-------------------------------|-----------|---|--|--|--|--|
| Levitt-Fuirst Associates, LTD |           | Ryeview Condominium Assoc<br>c/o Robert Orlofsky Realty<br>7 Bryant Crescent - 1C<br>White Plains, NY 10605 |  |  |  |  |
| POLICY NUMBER                 |           |   |  |  |  |  |
| SEE PAGE 1                    |           |   |  |  |  |  |
| CARRIER                       | NAIC CODE | 1   |  |  |  |  |
| SEE PAGE 1                    | 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

Additl Coverages Terrorism Included Ordinance or Law

Coverage A - Included in Building limit

Coverage B - Demolition - \$500,000 \$5,000 Deductible

Coverage C - Increased Cost of Construction - \$500,000 \$5,000 Deductible Boiler and Machinery included up to Building Limit - \$5,000 Deductible Earthquake - \$1,000,000 - 10% Deductible

Flood \$1,000,000 \$25,000 Deductible

PKG Enhanced Coverage Endorsement Included

Crime/Employee Dishonesty INCLUDES PROPERTY MANAGER RIDER

Directors & Officers - USLI Insurance Company #CAP1563577, Term 9-22-23 to 9-22-24, Limit \$1M, \$1,000 Deductible Directors & Officers INCLUDES PROPERTY MANAGER RIDER

\*\*WIND AND HAIL ARE NOT EXCLUDED

\*\*THERE IS NO WIND OR HAIL DEDUCTIBLE - ALL LOSSES ARE SUBJECT TO POLICY DEDUCTIBLE.