



TUDOARM-01

NVERDERESE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/8/2024

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).

PRODUCER Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor Tarrytown, NY 10591	CONTACT NAME:		
	PHONE (A/C, No, Ext): (914) 457-4200	FAX (A/C, No): (914) 457-4200	
	E-MAIL ADDRESS: info@levittfuirst.com		
INSURED Tudor Arms Owners Corp. c/o Robert Orlofsky Realty Inc 7 Bryant Crescent, Ste 1C White Plains, NY 10605-2603	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Insurance Company of Greater New York		22195
	INSURER B: Greenwich Insurance Company		22322
	INSURER C:		
	INSURER D:		
	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.

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> WATER DAMAGE LEGAL L GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		6131M21079	10/14/2024	10/14/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ Included EMPLOYEE BENEFIT \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		6131M21079	10/14/2024	10/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PPP7499216	10/14/2024	10/14/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Building \$5,000 Ded		6131M21079	10/14/2024	10/14/2025	Spec/AA/RC Bldg 16,675,058
A	Business Income		6131M21079	10/14/2024	10/14/2025	72 Hr Ded 1,308,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location: 31 Pondfield Road West Bronxville, NY 10708
56 Units

CERTIFICATE HOLDER

CANCELLATION

Tudor Arms Owners Corp
c/o Robert Orlofsky Realty Inc
7 Bryant Crescent Ste 1C
White Plains, NY 10605

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



ADDITIONAL REMARKS SCHEDULE

AGENCY Levitt-Fuirst Associates, LTD		NAMED INSURED Tudor Arms Owners Corp. c/o Robert Orlofsky Realty Inc 7 Bryant Crescent, Ste 1C White Plains, NY 10605-2603	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE 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

Additional Coverages:

 With Respects to Crime & D&O - Managing Agent Rider Applies

Total 56 Units

Additional Property Coverages:

RC = Replacement Cost Endorsement

AA = Agreed Amount Endorsement Applies: No coinsurance

\$5,000 Deductible

Ordinance or Law-A-Undamaged portion of Bldg-Included-\$5,000 Deductible

Ordinance or Law - B&C Demo & ICC - \$5,000,000 Combined - \$5,000 Deductible

Flood - \$5,000,000 - \$25,000 Deductible

Earthquake - \$5,000,000 - \$25,000 Deductible

Sewer Backup & Underground Water - Included in Building Limit w/ \$5,000 Deductible

Equipment Breakdown-Included up to Building Limit w/ \$5,000 Ded

Directors & Officers - Continental Casualty - 0598927544 - 10/14/2024-10/14/2025- \$2,000,000 - \$2,500 Ded

Crime - Continental Insurance Company - 0251225608 - 10/14/2024 - 10/14/2025 - \$250,000 - \$2,500 Ded

Policy does not contain a Wind/Hail Exclusion or Separate Deductible

Building is written Agreed Amount/Replacement Cost w/no Inflation Guard.

Building valuation is maintained by endorsement as needed to increase limits.