



BRYAGAR-01

NVERDERESE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/6/2024

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												
INSURER(S) AFFORDING COVERAGE													
INSURED Bryant Gardens Corp 7 Bryant Crescent - Suite 1C White Plains, NY 10605	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>INSURER A : Greater New York Mutual Insurance Co.</td><td>22187</td></tr> <tr><td>INSURER B : XL Insurance America</td><td>24554</td></tr> <tr><td>INSURER C :</td><td></td></tr> <tr><td>INSURER D :</td><td></td></tr> <tr><td>INSURER E :</td><td></td></tr> <tr><td>INSURER F :</td><td></td></tr> </table>	INSURER A : Greater New York Mutual Insurance Co.	22187	INSURER B : XL Insurance America	24554	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1131M36915	11/2/2024	11/2/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included EMPLOYEE BENEFIT \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1931C16371	11/2/2024	11/2/2025	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			AUR0505333	11/2/2024	11/2/2025	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 / N If yes, describe under DESCRIPTION OF OPERATIONS below N / A						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Building			1131M36915	11/2/2024	11/2/2025	AA/RC Special 77,050,000
A	Business Income w EE			1131M36915	11/2/2024	11/2/2025	Ded 72 HR 4,750,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
1-15 Bryant Crescent and 175-185 Bryant Avenue White Plains, NY 10605
*Units - 410

CERTIFICATE HOLDER Bryant Gardens Corp c/o Robert Orlofsky Realty 7 Bryant Gardens - Suite 1C White Plains, NY 10605	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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ADDITIONAL REMARKS SCHEDULE

AGENCY Levitt-Fuirst Associates, LTD		NAMED INSURED Bryant Gardens Corp 7 Bryant Crescent - Suite 1C White Plains, NY 10605	
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 Policy:**

Agreed Amount /Replacement Cost Special Form

D&O CNA Pol# 1001435577-01, Term 12/2/2024 to 11/2/2025 \$1M Limit, \$5000 Ded

Crime Travelers # 107301038 09/15/2023 to 09/15/2026 -\$1,300,000 Limit \$5,000 Ded

Managing Agent Rider Included

Additional Coverages:

Blanket Building Coverage Applies
Building Deductible - \$25,000
Business Income is Actual Loss Sustained (ALS)
Equipment Breakdown - Included up to Building Limit - \$25,000 Ded
Ordinance or Law - A - Undamaged Portion - Included in Building Limit
Ordinance or Law - B - Demolition - \$3,775,000 - \$25,000 Ded
Ordinance or Law - C- ICC - \$3,775,000 - \$25,000 Ded
Earthquake - \$1,000,000 - 5% Ded
Flood - \$1,000,000 - \$50,000 Ded
Backup of Sewers/Underground Water - \$1,000,000 - \$10,000 Ded

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

Severability per policy form CG0001

Auto:

2017 GMC Vin: 1GT52VCG3HZ296774
2004 Carmate Vin: 5A3U610S54L004807
2005 Jeep Vin: 1J4FA69S45P307887
2018 Jeep: Vin: 1C4AJWBG6JL812160