NVERDERESE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/18/2025

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).

this certificate does not confer rights to the certificate holder in lieu	CONTACT NAME:				
Levitt-Fuirst Associates, LTD	PHONE (A/C, No, Ext): (914) 457-4200	457-4200			
520 White Plains Road 2nd Floor	E-MAIL ADDRESS: info@levittfuirst.com				
Tarrytown, NY 10591	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Insurance Company of Greater New York		22195		
INSURED	INSURER B : XL Insurance America	24554			
Hartsdale Gardens Owners Corp	INSURER C: Travelers Casualty and Surety Com	31194			
c/o Robert Orlofsky Realty Inc 7 Bryant Gardens - Suite 1C	INSURER D:				
White Plains, NY 10605	INSURER E :				
	INSURER F :				
COVERAGES CERTIFICATE NUMBER:	REVISION N	UMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE A FXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY	NDITION OF ANY CONTRACT OR OTHER DOCUMENT AFFORDED BY THE POLICES DESCRIBED HEREIN!	WITH KESPECT IC	AMU:CU LUIS		

INSR			ADDL SUBR	LIMITS SHOWN MAY HAVE BE POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
INSR	v	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DU/YYYY)	EACH OCCURRENCE		1,000,000
А	A X COMMERCIAL GENERAL LIABILI CLAIMS-MADE X OCCI		1	6131M94966	3/1/2025	3/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
		CEATIVIO-IVIABL X COOCIT		013111194300	0, 1,2020	0,2020	MED EXP (Any one person)	s	5,000
-			100				PERSONAL & ADV INJURY	s	1,000,000
	CEN	L AGGREGATE LIMIT APPLIES PER:	1 1				GENERAL AGGREGATE	s	2,000,000
	POLICY PROT LOC						PRODUCTS - COMP/OP AGG	\$	
		OTHER:						\$	
Α							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	ANY AUTO		6131M94966	3/1/2025	3/1/2026	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS			1		BODILY INJURY (Per accident)	\$	
	X	HIRED ONLY X NON-GWNED					PROPERTY DAMAGE (Per accident)	5	
								\$	
В	Х	UMBRELLA LIAB X OCCUR		Z neutra estentinamen z egyner			EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE		UR0505589 3/1/2025	3/1/2026	AGGREGATE	\$	5,000,000	
		DED X RETENTION \$ 10,000					1 1000	\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	00 040 000
Α	Cor	nmercial Property		6131M94966	3/1/2025	3/1/2026	Special - Building		23,348,000
С	Cri	me		106691578	3/1/2025	3/1/2026	Deductible \$1.000	į.	300,000

CERTIFICATE HOLDER

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

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

	Appinion	
AGENCY Levitt-Fuirst Associates, LTD		NAMED INSURED Hartsdale Gardens Owners Corp c/o Robert Orlofsky Realty Inc 7 Bryant Gardens - Suite 1C
POLICY NUMBER SEE PAGE 1		White Plains, NY 10605
CARRIER 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 Additional Policy:

D&O, Travelers, Pol#106691578, Term 03/1/25 to 3/1/26, \$1 Million Limit

Additional Coverages:

Replacement Cost/Agreed Amount Building deductible \$5000 Boiler and Machinery - included up to Building Limit Ordinance or Law A - Included up to Building Limit - \$5,000 Ded Ordinance or Law B&C - \$5,000,000 Combined Limit - \$5,000 Ded Flood - \$5,000,000 - \$10,000 Ded Earthquake - \$5,000,000 - \$25,000 Ded Underground Water - Included in Building Limit - \$10,000 Ded Backup of Sewers and Drains- Included in Building Limit - \$5,000 Ded Wind/Hail are not excluded subject to bldg ded.

Crime Policy - Includes Managing Agent Non Compensated D&O Rider