

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/25/2025

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).											
PRODUCER Miller & Miller Insurance Agency Inc 720 Commerce Street Thornwood NY 10594						CONTACT Michaele M. Wilbert					
						PHONE (A/C, No, Ext): 914-741-6400 (A/C, No): 914-741-6407					
						(A/C, No): 914-741-6407 E-MAIL ADDRESS: michaelew@miller-ins.com					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A: Travelers Cas Ins Co of Americ				19046	
Stone Ridge At Rye Condominium					INSURER B:						
c/o Robert Orlofsky Realty, Inc.					INSURER C:						
7 Bryant Crescent, Suite 1C					INSURER D :						
White Plains NY 10605-2603						RE:					
						INSURER F:					
_			TIFICATE NUMBER: 1927740883			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			ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			6804430B725		8/25/2024	8/25/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000		
	CEANNIS-WADE 1- 0000K							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000		
								PERSONAL & ADV INJURY	\$ 1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							240	GENERAL AGGREGATE	ERAL AGGREGATE \$ 2,000		
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000		
	OTHER:								\$,,,,,,	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)			
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							AGGILLATE	\$		
	WORKERS COMPENSATION	1						PER OTH-	J		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							The second section of the section	g		
	OFFICER/MEMBEREXCLUDED?	N/A						E,L, EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under			E-			-	E.L. DISEASE - EA EMPLOYEE			
Δ.	DÉSCRIPTION OF OPERATIONS below Property-RC Special			6804430B725		0/05/0004	0/05/0005	E.L. DISEASE - POLICY LIMIT	5,882,758		
^	Property-No Special			00044306725		8/25/2024	8/25/2025	Building 5,882 Deductible 1,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) *Policies shown are subject to terms, conditions, exclusions, sublimits and deductibles not listed on this certificate. We recommend that requests for policy copies be directed to the Named Insured shown above.*											
Location: 110 -116 Theodore Fremd Avenue Rye NY 10580 18 Units, No Wind deductible											
Broadened Wind Coverage											
PROOF OF COVERAGE											
CEF	CERTIFICATE HOLDER CANCELLATION										
Stone Ridge At Rye % Robert Orlofsky Realty, Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
7 Bryant Crescent, Suite 1C White Plains NY 10605						AUTHORIZED REPRESENTATIVE					

© 1988-2015 ACORD CORPORATION. All rights reserved.