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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/12/2025

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

or such endorsement(s).			
EMAIL ADDRESS: info@levittfuirst.com			
INSURER(S) AFFORDING COVERAGE			
INSURER A: Travelers Casualty and Surety Company			
INSURER B : XL Insurance America			
INSURER C: Travelers Casualty and Surety Company of America			
INSURER D:			
INSURER E :			
INSURER F:			
	CONTACT NAME: PHONE (A/C, No, Ext): (914) 457-4200 E-MAIL ADDRESS: info@levittfuirst.com INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Casualty and Surety Company INSURER B: XL Insurance America INSURER C: Travelers Casualty and Surety Company of America INSURER D: INSURER C: Insurance Casualty and Surety Company of America INSURER C: Insurance Casualty and Surety Company of America INSURER C: Insurance Casualty and Surety Company of America INSURER C: Insurance Casualty and Surety Company of America		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER.
THIS IS TO CERTIFY 7	THAT THE POLICIES OF INSURANCE LISTED BELOW HAY	/E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY P

ERIOD 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.

NSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		680-9F295291-25-42	2/12/2025	2/12/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s s	1,000,000 300,000
						MED EXP (Any one person)	s	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s	2,000,000
	X POLICY PRO LOC					PRODUCTS - COMP/OP AGG	s	2,000,000
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO		680-9F295291-25-42	2/12/2025	2/12/2026	BODILY INJURY (Per person)	\$	1,000,000
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET						\$	
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	s	10,000,000
	EXCESS LIAB CLAIMS-MADE		AUR0505541	2/12/2025	2/12/2026	AGGREGATE	s	10,000,000
	DED X RETENTION\$ 10,000						\$	
	WORKERS COMPENSATION					PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	s	
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s	
Α	Commercial Property		680-9F295291-25-42	2/12/2025	2/12/2026	\$5,000 Deductible		
С	Crime		106873661	2/12/2024	2/12/2027	\$2500 Deductible		250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 1825, 1829, 1833 Palmer Ave Larchmont, NY 10835

Total # of Units all buildings - 65	
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Patricia Gardens Owners Inc. Robert Orlofsky Realty Inc. 7 Bryant Crescent - 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

ACORD

LOC #: 1

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Levitt-Fuirst Associates, LTD		NAMED INSURED Patricia Gardens Owners, Inc Robert Orlofsky Realty Inc	
POLICY NUMBER SEE PAGE 1		7 Bryant Crescent, Suite 1C White Plains, NY 10605	
CARRIER	NAIC CODE		
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

*Building Coverges: \$5,000 Deductible

Business Income - Actual Loss Sustained - 12 Months Buildings are written Replacement Cost /Agreed Amount

1825 Palmer Ave - \$4,573,067 1829 Palmer Ave - \$5,745,156 1833 Palmer Ave - \$5,745,156

Ordinance or Law - A - included in Building limits

Ordinance or Law - B - \$2,000,000 Ordinance or Law - C - \$2,000,000

Equipment Breakdown - Included up to Building Limits

Flood - \$1,000,000 - \$25,000 Deductible Earthquake - \$1,000,000 - 5% Deductible

Directors & Officers - Travelers Insurance Company - Policy #107044822, Term 02/24/25-02/24/26, Limit \$1,000,000, \$2,500 Deductible

Employee Dishonesty and D&O include Property Manager Rider and Non/Compensated D&O The policy is written Replacement Cost with no Co-Insurance. Policy does not contain a Wind/Hail Exclusion or Separate Deductible