



LARCHIL-01

NVERDERESE

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2023

**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).**

<b>PRODUCER</b> Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor Tarrytown, NY 10591	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(914) 457-4200</b> FAX (A/C, No): <b>(914) 457-4200</b> E-MAIL ADDRESS: <b>info@levittfuirst.com</b>
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A : Firemans Fund Insurance Company</b>	
<b>INSURER B : Travelers Casualty and Surety Company of America</b>	
<b>INSURER C :</b>	
<b>INSURER D :</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

<b>INSURED</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
Larchmont Hills Owners Corp. c/o Stillman Management 440 Mamaroneck Ave, Suite 512 Harrison, NY 10528		
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
<b>A</b>	<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:			00824000102	2/14/2023	2/14/2024	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>A</b>	<input type="checkbox"/> 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			00824000102	2/14/2023	2/14/2024	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			00824000102	2/14/2023	2/14/2024	EACH OCCURRENCE \$ <b>100,000,000</b> AGGREGATE \$ <b>100,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N    N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	Commercial Property			00824000102	2/14/2023	2/14/2024	<b>BI ALS Bldg \$5K ded</b>
<b>B</b>	Crime			107044213	2/14/2023	2/14/2024	<b>\$1000 Ded</b> <b>300,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Located - 17 North Chatsworth Avenue Larchmont, NY 10538      \*\*68 Units

<b>CERTIFICATE HOLDER</b>  Larchmont Hills Owners Corp c/o Stillman Management 440 Mamaroneck Ave, Suite 512 Harrison, NY 10528	<b>CANCELLATION</b>  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 <b>Levitt-Fuirst Associates, LTD</b>		NAMED INSURED <b>Larchmont Hills Owners Corp. c/o Stillman Management 440 Mamaroneck Ave, Suite 512 Harrison, NY 10528</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Addtl coverages**  
**Additonal Policy:**  
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**Pollution, Greenwich Insurance company Pol #EIL10095184-00 Term 02/24/23 to 02/24/24 \$1M Limit, \$5,000 Ded**

**Additional Coverages:**  
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**Building is Replacement Cost - Agreed Amount - Special Form**  
**Business income - \$2,260,464**  
**Earthquake - \$1,000,000 - \$25,000 Ded**  
**Flood - \$10,000,000 - \$10,000 Ded**  
**Ordinance or Law - A - Included in Building Limit**  
**Ordinance or Law B & C Combined Limit- \$5,000,000**  
**B/U Sewers & Drains - Included in Building Limit - \$5,000 DED**  
**Equipment Breakdown - \$17,456,708 - \$5,000 Ded**  
**Wom/Hail not excl subject to policy Ded.**

**\*Crime - Includes Managing Agent Rider/Non Compensated D&O**  
**D&O, Cincinatti Ins Co Co Pol #EMO0604428, Term 2/24/21 to 2/24/24, \$1M Limit, \$2,500 Ded**