



ONEFRAN-01

NCAPIRS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/26/2022

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	NAIC #
	INSURER A : Glencar Insurance Company	12254
	INSURER B : Greenwich Insurance Company	22322
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED

One Franklin Owners Corp.
c/o Benchmark LM Management LLC
951 East Boston Post Road
Mamaroneck, NY 10543

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	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EK13X000418	8/25/2022	8/25/2023	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	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EK13X000418	8/25/2022	8/25/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR X EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7489140/PPP744000309	8/25/2022	8/25/2023	EACH OCCURRENCE	\$ 50,000,000
							AGGREGATE	\$ 50,000,000
								\$
	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						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Prop-Spec/ERC/AA			EK13X000418	8/25/2022	8/25/2023	Building	14,038,410
A	Prop-ALS(72Hr Ded)			EK13X000418	8/25/2022	8/25/2023	Bus Inc w/EE	2,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location: One Franklin Avenue, White Plains, NY 10601 (51 units)

CERTIFICATE HOLDER**CANCELLATION**

One Franklin Owners Corp.
c/o Benchmark LM Management
Mamaroneck, NY 10543

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



ADDITIONAL REMARKS SCHEDULE

AGENCY Levitt-Fuirst Associates, LTD		NAMED INSURED One Franklin Owners Corp. c/o Benchmark LM Management LLC 951 East Boston Post Road Mamaroneck, NY 10543	
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

Additional Coverages

Additional Property Coverages:

Spec = Special Form, AA = Agreed Amount, ERC = Extended Replacement Cost, Bus Inc w/EE = Business Income w/Extra Expense,
ALS = Actual Loss Sustained

Ordinance or Law - \$2,500 Deductible
Cvg (A) Undamaged Portion of Bldg - Included Up to Bldg Limit
Cvg (B) Demolition &
Cvg (C) Increased Cost of Construction - \$5,000,000 Combined Limit

Earthquake - \$5,000,000 w/\$2,500 Deductible
Flood - \$5,000,000 w/\$25,000 Deductible
Broad Water Damage - \$1,000,000 w/\$2,500 Deductible
Equipment Breakdown/Boiler & Machinery - Included Up to Bldg Limit w/\$2,500 Deductible

Wind is Included

Additional Coverages/Other Policies:

Directors & Officers - Great American Ins. Co - #EPP4335892-04 - 8/25/22-23 - \$1,000,000 w/\$2,500 Retention; Managing Agent Rider Included

Crime/Fidelity/Employee Dishonesty - Continental Casualty Ins. Co. - 618810362 - 8/25/22-23- \$175,000 w/\$1,500 Deductible;
Managing Agent Rider Included