



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/03/2022

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 AssuredPartners Northeast, LLC. 445 Hamilton Avenue 10th Floor White Plains NY 10601		CONTACT NAME: MaryAnn Pietrabella PHONE (A/C, No, Ext): (914) 761-9000 E-MAIL ADDRESS: maryann.pietrabella@assuredpartners.com		FAX (A/C, No): (914) 761-3749
INSURED The Colony at Hartsdale Condominium c/o Benchmark LM Management Services LLC 440 Mamaroneck Avenue, Suite S-512 Harrison NY 10528		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Co. INSURER B: Various INSURER C: Continental Casualty Company INSURER D: INSURER E: INSURER F:		NAIC # 18058

COVERAGES**CERTIFICATE NUMBER:** CL222185252**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	<input checked="" type="checkbox"/> 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:			PHPK2359711	12/19/2021	12/19/2022	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			N/A			COMBINED SINGLE LIMIT (Ea accident)	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			Various	12/19/2021	12/19/2022	EACH OCCURRENCE	\$ 25,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	OTHER
A	Building - Agreed Value Business Income with Extra Expense			PHPK2359711	12/19/2021	12/19/2022	\$45,914,764/\$5,000 Dedt \$1,520,153	Replacement Cost Special Form

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)For Informational Purposes Only
157 Total Units**CERTIFICATE HOLDER****CANCELLATION**

For Informational Purposes Only

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 AssuredPartners Northeast, LLC.		NAMED INSURED The Colony at Hartsdale Condominium	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Additional Coverages

Insurer A:

Cancellation:

The carrier may cancel the policy by mailing or delivering to the first named insured written notice of cancellation at least:

- (1) 10-days before the effective date of cancellation if we cancel for non-payment of premium; or
- (2) 30-days before the effective date of cancellation if we cancel for any other reason.

Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.

Ordinance or Law

- Cov A- Undamaged Portion Included in Building Limit
- Cov B- Demolition \$1,000,000
- Cov C Increased Cost of Construction \$1,000,000

Boiler & Machinery- \$47,509,917/\$5,000 deductible

Flood - \$1,000,000/\$25,000 deductible.

Earthquake - \$1,000,000/\$25,000 deductible.

Wind/Hail: Included per standard property deductible.

Insurer B:

21/22- Umbrella Breakdown-\$25MM Limit:

Liberty Insurance Underwriters, Inc.-\$15,000,000- Policy#1000234040-05

James River Insurance Company-\$10,000,000 X \$15,000,000- Policy#00114051-0

Insurer C:

Crime-Employee Dishonesty: \$1,000,000/\$10,000-Deductible- (Includes Managing Agent Coverage)

Policy#618752706

Term: 10/1/2021 - 10/1/2022

Continental Casualty Company