

CERTIFICATE OF LIABILITY INSURANCE

VFREDERICKS

VILLGAR-01

DATE (MM/DD/YYYY) 9/12/2022

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						CONTACT Vanessa Fredericks						
MJM Global Insurance Brokerage Group, Inc. 25 Rockwood PI Ste 210							PHONE (A/C, No, Ext): (201) 720-7622 FAX (A/C, No): (201)				720-7699	
Englewood, NJ 07631					E-MAIL ADDRESS: vfredericks@mjmglobal.com							
						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A : Seneca Insurance Co					10936	
Village Gardens Tenants Corp. c/o Benchmark Management 440 Mamaroneck Ave, Suite 512 Harrison, NY 10528							INSURER B : Continental Casualty Company				20443	
							INSURER C : Great American Insurance Cos				16691	
							INSURER D :					
							INSURER E :					
							INSURER F:					
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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E	\$	1,000,000
		CLAIMS-MADE X OCCUR			ESR0806652		9/7/2022	9/7/2023	DAMAGE TO RENTE PREMISES (Ea occu		\$	100,000
									115D 5VD (A		•	5.000

LTR	TYPE OF INSURANCE	INSD WV	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ESR0806652	9/7/2022	9/7/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER:						\$	Included
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		ESR0806652	9/7/2022	9/7/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
В	Employee Dishonesty		618872828	9/7/2022	9/7/2023			250,000
С	Directors & Officers		EPPE460211-01	9/7/2022	9/7/2023			1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Managing Agent Rider is included on Crime policy

CERTIFICATE HOLDER	CANCELLATION
FOR EVIDENCE PURPOSES ONLY FOR EVIDENCE PURPOSES ONLY FOR EVIDENCE 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.
I ON EVIDENCE I ON OOLS ONE!	AUTHORIZED REPRESENTATIVE
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