

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
**00/00/0000**

PRODUCER FAX  <b>* NAME AND ADDRESS OF INSURANCE CARRIER</b>	THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	<b>INSURERS AFFORDING COVERAGE</b>
INSURED  <b>* NAME AND ADDRESS OF INSURED (Must match signed contract)</b>	INSURER A: <b>XXXXXXXXXX</b>
	INSURER B: <b>XXXXXXXXXX</b>
	INSURER C:
	INSURER D:
	INSURER E:

## COVERAGES

THE POLICES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	<b>XXXXXXXXXX</b>	<b>00/00/00</b>	<b>00/00/00</b>	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>				DAMAGE TO RENTED PREMISES	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (any 1 person)	\$ 10,000
	<input type="checkbox"/> _____				PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> _____				GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS – COMP/OP AGG	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
B	<b>AUTOMOBILE LIABILITY</b>	<b>XXXXXXXXXX</b>	<b>00/00/00</b>	<b>00/00/00</b>	COMBINED SINGLE LIMIT (Ea Accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON OWNED AUTOS					
	<input type="checkbox"/> _____					
	<input type="checkbox"/> _____					
	<b>GARAGE LIABILITY</b>				AUTO ONLY – EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	EA ACC \$
	<input type="checkbox"/> _____					AGG \$
B	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
*	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>	<b>XXXXXXXXXX</b>	<b>00/00/00</b>	<b>00/00/00</b>	<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
					E.L. DISEASE –EA EMPLOYEE	\$
					E.L. DISEASE –POLICY LIMIT	\$
	<b>OTHER</b>					

SAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

**Regarding work at Westbrook Tenants Corp., for unit owner/unit \_\_\_\_\_**  
**Property Name/location: Westbrook Tenants Corp., 10 Franklin Avenue, White Plains, NY 10603**  
**Managing Agent: Stillman Management Realty Corp., 440 Mamaroneck Ave, Harrison, NY 10528**  
**Unit Owner, Property (and its board members), and Managing Agent are listed as Additionally insured.**  
**Date of Move /Delivery/ Work \_\_\_\_\_**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Westbrook Tenants Corp., C/O Stillman Management Realty Corp. 440 Mamaroneck Ave, Harrison, NY 10528	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <b>Must have signature</b>

**XX\*IF WORKERS COMP IS NOT ON THIS CERTIFICATE – YOU MUST PROVIDE (2) CERTIFICATES FROM STATE INSURANCE FUND (ONE FOR EACH ADDITIONAL INSURED)**