

1		-			CER	TIFICATE OF L	IADILII	INSUR	ANCE		MM/DD/YYYY	
AE AC	DRE	kera SS	ige, Inc.				ONLY AN HOLDER.	D CONFERS N THIS CERTIFICA	SUED AS A MATTER O RIGHTS UPON TATE DOES NOT AME	HE END	CERTIFICATE , EXTEND OR	
ADDRESS Producer Name TELEPHONE							INSURERS A	INSURERS AFFORDING COVERAGE			NAIC#	
INSURED								INSURER A: INSURANCE COMPANY NAME			####	
			ONTRA					ISURANCE COMP			####	
d/b/a COMPANY NAME ADDRESS							INSURER C: IN	ISURANCE COMP	ANY NAME		####	
ADDRESS						TELEPHONE		ISURANCE COMP	ANY NAME		####	
COVERAGES							INSURER E:				####	
T A N	HE PO NY RE MAY PE POLICI	DLICI EQUI ERTA	ES OF II REMEN' AIN, THE	T, TERM OR INSURANCE	CONDITION E AFFORDE	OW HAVE BEEN ISSUED TO THE IN OF ANY CONTRACT OR OTHER INDICATED BY THE POLICIES DESCRIBED FOR HAVE BEEN REDUCED BY PAIL	DOCUMENT WITH F HEREIN IS SUBJEC OCLAIMS.	RESPECT TO WHICH T TO ALL THE TERM	H THIS CERTIFICATE MAY MS, EXCLUSIONS AND CC	BE.	ISSUED OR	
INSF LTR	ADD'L INSRD	TYPE OF INSURANCE				POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)				
Α	x	S COMMERCIAL GENERAL LIABILITY				GL123456789	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
			CL	AIMS MADE	× occur				MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY GENERAL AGGREGATE	\$		
		GE1	J N'L AGGRE	EGATE LIMIT A	PPLIES PER:				PRODUCTS - COMP/OP AGG	+		
			POLICY	PRO- JECT	LOC					\$		
В		X	OMOBILE LIABILITY ANY AUTO			CA012345678	MM/DD/YYYY	MM/DD/YYYY	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ALL OWNED AUTOS SCHEDULED AUTOS							BODILY INJURY (Per person)	\$		
			HIRED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$		
									PROPERTY DAMAGE (Per accident)	\$		
		GAF	RAGE LIAI						AUTO ONLY - EA ACCIDENT	\$		
			ANY AU	го					OTHER THAN AUTO ONLY:  EA ACC AGG			
		EXCESS / UMBRELLA LIABILITY					MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE	\$	3,000,000	
С		×	X OCCUR CLAIMS MADE			XS0123456			AGGREGATE	\$	3,000,000	
			1							\$		
			DEDUCT							\$		
		RETENTION \$  PRKERS COMPENSATION AND					MM/DD/YYYY	MM/DD/YYYY	➤ WC STATU- OTH TORY LIMITS ER	\$	Statutory	
D			<b>RS' LIABI</b> PRIETOR/F	LITY PARTNER/EXEC	CUTIVE Y/N	WC123456789	IVIIVI/DD/TTTT	IVIIVI/UU/YYYY	E.L. EACH ACCIDENT	\$	500.000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYE			
	If yes	es, describe under ECIAL PROVISIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	ОТН	ΕR										
DES	CRIPTI	ои о	F OPERA	TIONS / LOCAT	IONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PROV	risions				
200	) East	16tl				rsid Realty Corp. d/b/a Orsid New			ddress (and Apt. #) are ea	ach '	to be included as	
CERTIFICATE HOLDER CANCELLATION												
CE	KIIF	CA	IE HOL	.DEK			1	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
20	0 Eas	16t	h Street	Housing Co	orp.		1	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 20 DAYS WRITTEN				
c/c	Orsio	l Ne	w York					NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
156 West 56 Street, 6th Floor								IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
New York NY 10019								REPRESENTATIVES. AUTHORIZED REPRESENTATIVE				

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statment on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.