# ACORD CERTIFICATE OF LIABILITY INSURANCE

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

| PRODUCER FAX<br>* NAME AND ADDRESS OF INSURANCE CARRIER | 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. |
|---|---|
| | **INSURERS AFFORDING COVERAGE** |
| INSURED<br>* NAME AND ADDRESS OF INSURED<br>(Must match signed contract) | INSURER A: xxxxxxxxxx<br>INSURER B: xxxxxxxxxx<br>INSURER C:<br>INSURER D:<br>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 | **GENERAL LIABILITY**<br>☒ COMMERCIAL GENERAL LIABILITY<br>☐ CLAIMS MADE ☒ OCCUR<br>☐ _____<br>☐ _____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>☒ POLICY ☐ PROJECT ☐ LOC | $1,000,000/$2,000.000 | 00/00/00 | 00/00/00 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES<br>MED EXP (any 1 person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS – COMP/OP AGG | $ 1,000,000<br>$ 100,000<br>$ 5,000<br>$ 2,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| B | **AUTOMOBILE LIABILITY**<br>☐ ANY AUTO<br>☐ ALL OWNED AUTOS<br>☐ SCHEDULED AUTOS<br>☐ HIRED AUTOS<br>☐ NON OWNED AUTOS<br>☐ _____<br>☐ _____ | $1,000,000 minimum | 00/00/00 | 00/00/00 | COMBINED SINGLE LIMIT (Ea Accident)<br>BODILY INJURY (per person)<br>BODILY INJURY (per accident)<br>PROPERTY DAMAGE (Per accident) | $1,000,000<br>$<br>$<br>$ |
| | **GARAGE LIABILITY**<br>☐ ANY AUTO<br>☐ _____ | | | | AUTO ONLY – EA ACCIDENT<br>OTHER THAN AUTO ONLY EA ACC<br>OTHER THAN AUTO ONLY AGG | $<br>$<br>$ |
| B | **EXCESS LIABILITY**<br>☐ OCCUR ☐ CLAIMS MADE<br>☐ DEDUCTIBLE<br>☐ RETENTION $ | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| * | **WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY**<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | $1,000,000 minimum | 00/00/00 | 00/00/00 | ☐ WC Statutory Limits ☐ Other<br>E.L. EACH ACCIDENT<br>E.L. DISEASE –EA EMPLOYEE<br>E.L. DISEASE –POLICY LIMIT | <br>$1,000,000<br>$1,000,000<br>$1,000,000 |
| | **OTHER** | | | | | |



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

**Also additionally insured: Unit Owner's Name, Address and Apt. Number**
**The Consulate on The Park - Consulate Drive, Tuckahoe, NY 10707**
**Garthchester Realty Associates, 440 Mamaroneck Ave, Harrison, NY 10528**
**Date of Move /Delivery/ Work:**

**CERTIFICATE HOLDER** ____

**The Consulate on The Park C/O**
**Garthchester Realty Associates**
**440 Mamaroneck Ave. S-512**
**Harrison, NY 10528**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KINDUPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Must have signature

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