



350BLEE-01

BLI

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/26/2018

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).

<b>PRODUCER</b> York International Agency, LLC 500 Mamaroneck Avenue Suite 220 Harrison, NY 10528	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (914) 376-2200      FAX (A/C, No): (914) 376-2891 E-MAIL ADDRESS: info@yorkintl.com														
<b>INSURED</b> 350 Bleecker Street Apt. Corp. Maxwell-Kates Inc. 9 East 38th Street- 6th Fl. New York, NY 10016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : <b>Clermont Insurance Company</b></td> <td style="text-align: center;"><b>33480</b></td> </tr> <tr> <td>INSURER B : <b>Great American Alliance Ins. Co.</b></td> <td style="text-align: center;"><b>26832</b></td> </tr> <tr> <td>INSURER C : <b>Continental Casualty Co.</b></td> <td style="text-align: center;"><b>20443</b></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Clermont Insurance Company</b>	<b>33480</b>	INSURER B : <b>Great American Alliance Ins. Co.</b>	<b>26832</b>	INSURER C : <b>Continental Casualty Co.</b>	<b>20443</b>	INSURER D :		INSURER E :		INSURER F :	
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**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			<b>412179043131</b>	<b>06/01/2018</b>	<b>06/01/2019</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> <b>EBL</b> \$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			<b>UM30128750</b>	<b>06/01/2018</b>	<b>06/01/2019</b>	EACH OCCURRENCE \$ <b>200,000,000</b> AGGREGATE \$ <b>200,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>C</b>	<b>Crime/Fidelity Bond</b>			<b>0251334439</b>	<b>06/01/2018</b>	<b>06/01/2019</b>	Limit \$ <b>550,000</b>
<b>C</b>	<b>Directors &amp; Officers</b>			<b>0251375606</b>	<b>06/01/2018</b>	<b>06/01/2019</b>	Limit \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location: 350 Bleecker Street, New York, NY 10014 137 Residential Units

Crime includes Managing Agents Rider.

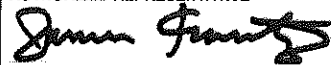
Severability of Interest is included per CG 0001 (Commercial General Liability Coverage Form)

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance

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





# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
7/26/2018

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS York International Agency, LLC 500 Mamaroneck Avenue Suite 220 Harrison, NY 10528	PHONE (A/C, No, Ext): (914) 376-2200	COMPANY NAME AND ADDRESS Clermont Insurance Company 301 Route 17 N, Suite 900 Rutherford, NJ 07070	NAIC NO: 33480
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (914) 376-2891	E-MAIL ADDRESS: info@yorkintl.com		
CODE:	SUB CODE:	POLICY TYPE <b>Commercial Package</b>	
AGENCY CUSTOMER ID #: 350BLEE-01		LOAN NUMBER	POLICY NUMBER 412179043131
NAMED INSURED AND ADDRESS 350 Bleecker Street Apt. Corp. Maxwell-Kates Inc. 9 East 38th Street- 6th Fl. New York, NY 10016		EFFECTIVE DATE 6/1/2018	EXPIRATION DATE 6/1/2019
ADDITIONAL NAMED INSURED(S)		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

### PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION  
350 Bleecker Street, New York, NY 10014 137 Residential Units

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 EVIDENCE OF PROPERTY INSURANCE 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.

### COVERAGE INFORMATION PERILS INSURED BASIC BROAD SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 27,600,000	DED: 5,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 24
BLANKET COVERAGE	<input checked="" type="checkbox"/> If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE	<input checked="" type="checkbox"/> Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/> If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>
REPLACEMENT COST	<input checked="" type="checkbox"/>
AGREED VALUE	<input checked="" type="checkbox"/>
COINSURANCE	<input checked="" type="checkbox"/> If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/> If YES, LIMIT: 27,600,000 DED: 5,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/> If YES, LIMIT: DED:
- Demolition Costs	<input checked="" type="checkbox"/> If YES, LIMIT: 5,000,000 DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/> If YES, LIMIT: 5,000,000 DED:
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/> If YES, LIMIT: 10,000,000 DED: 25,000
FLOOD (If Applicable)	<input checked="" type="checkbox"/> If YES, LIMIT: 10,000,000 DED: 25,000
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/> If YES, LIMIT: DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/> If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

### ADDITIONAL INTEREST

<input type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS			AUTHORIZED REPRESENTATIVE 
Proof of Insurance			



**ADDITIONAL REMARKS SCHEDULE**

AGENCY York International Agency, LLC		NAMED INSURED 350 Bleecker Street Apt. Corp. Maxwell-Kates Inc. 9 East 38th Street- 6th Fl. New York, NY 10016	
POLICY NUMBER 412179043131			
CARRIER Clermont Insurance Company	NAIC CODE 33480	EFFECTIVE DATE: 06/01/2018	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

**Special Conditions:**  
 125% EXTENDED REPLACEMENT COST IS INCLUDED. BUILDING LIMIT WITH ERC = \$34,500,000.  
 DEMOLITION & INCREASED COST OF CONSTRUCTION HAVE A COMBINED LIMIT OF \$5,000,000.