

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/24/2023

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 liqu of such endorsement(s)

	is certificate does not confer rights to			ncy, certain policies may require an endorsement. A statement on n endorsement(s).					
PRODUCER					CONTACT Pete Carrucciu				
Foa & Son Insurance					PHONE (516) 228-1234 (A/C, No, Ext): (516) 228-1235				
200 Broadhollow Rd.					E-MAIL Pete.Carrucciu@FoaSon.com				
Suite 410					INSURER(S) AFFORDING COVERAGE				NAIC #
Melville NY 11747					INSURER A: Greater New York Mutual				NAIC#
INSURED					INSURER B:				
Berkowners, Inc.									
Metro Management Development, Inc.					INSURER C:				
1981 Marcus Avenue, Suite C-131					INSURER D:				
·				NY 11042	INSURER E :				
					INSURER F:				
COVERAGES CERTIFICATE NUMBER: CL2361483486					REVIOLON 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									
	ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO						UBJECT TO ALL THE TERMS	,	
INSR			SUBR WVD		POLICY EFF	POLICY EXP			
LTR		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY	(MM/DD/YYYY)	LIMIT	4.00	0,000
							EACH OCCURRENCE DAMAGE TO RENTED	400	•
Α	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	\$ 100,	
	Terrorism Included						MED EXP (Any one person)	\$ 5,00	
				1131M27285	06/10/2023	06/10/2024	PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	φ	0,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	_{\$} Subj	j. to GA Limit
	OTHER:						EPLI	\$ 100,	000
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ANY AUTO					06/10/2024	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY		1131M27285		06/10/2023		BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
	ACTOS CINET						(i ei accident)	\$	
A	✓ UMBRELLA LIAB ✓ OCCUR EXCESS LIAB CLAIMS-MADE					06/10/2024	EACH OCCURRENCE	\$ 5,00	0,000
				3031U68879	06/10/2023			φ .	0,000
	10 000						AGGREGATE	φ	
	DED RETENTION \$ 10,000						PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N						STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	225 000
	Property, All Risk, Special Form			44041407005	00/10/0055	00/46/202	Blanket Building Limit		225,000
Α	Replacement Cost, Agreed Amount			1131M27285	06/10/2023	06/10/2024	Deductible	\$25,	
							Business Income	\$3,3	04,800
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 35-25 77th Street; 35-24 78th Street; 77-12 35th Avenue, Jackson Heights, NY 11372. Flood:\$1,000,000 w/ \$25,000 Ded; Ordinance or Law A: Bldg Limit, Ordinance or Law B&C: \$5,047,234 each; Equipment Breakdown: Bldg Limit; Boiler & Machinery Included; Crime/Fidelity including managing agent - Continental Casualty Co #0251003831, 06/10/23-24: \$910,000 w/\$5,000 Ded. Separation of Insureds and Severability of interest included. Walls-In not included.									
CERTIFICATE HOLDER CANCELLATION									
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Evidence of Coverage