DATE (MM/DD/YY)

ACORD CERTIFICATE OF LIABIL	00/00/00					
PRODUCER FAX  * 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.					
322.221	INSURERS AFFORDING	COVERAGE				
* NAME AND ADDRESS OF INSURED	INSURER A:					
	INSURER 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				
	GENERAL LIABILITY		,	, , ,	EACH OCCURRENCE		\$ 1,000,000		
Α	COMMERCIAL GENERAL LIABILITY	xxxxxxxx	00/00/00	00/00/00			\$ 1,000,000		
	☐CLAIMS MADE ☐ OCCUR						\$ 10,000		
	□				PERSONAL & ADV INJURY		\$ 1,000,000		
					GENERAL AGGREGATE		\$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS – COMP/OP AGG		\$ 2,000,000		
	☐ POLICY ☐ PROJECT ☐ LOC								
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea Accident)				
В	ANY AUTO						\$		
	☐ ALL OWNED AUTOS	SAN	IDII		BODILY INJURY (per person)				
	SCHEDULED AUTOS	DAIV.					\$		
	☐ HIRED AUTOS				BODILY INJURY		•		
	☐ NON OWNED AUTOS				(per accident)		\$		
					PROPERTY DAMAGE		\$		
					(Per accident)		Φ		
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT		\$		
	ANY AUTO				OTHER THAN	EA ACC	\$		
					AUTO ONLY	AGG	\$		
	EXCESS LIABILITY				EACH OCCURREN	ICE	\$		
В	OCCUR CLAIMS MADE				AGGREGATE		\$		
							\$		
	DEDUCTIBLE						\$		
	RETENTION \$						\$		
*	WORKER'S COMPENSATION AND	xxxxxxxxx	00/00/00	00/00/00	WC Statutory Limits Other  E.L. EACH ACCIDENT				
	EMPLOYER'S LIABILITY						\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE -EA	EMPLOYEE	\$		
					E.L. DISEASE -POLICY LIMIT		\$		
	OTHER								
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:									
a)BERKOWNERS INC.									
b) Metro Management, 1981 Marcus Avenue, Suite C-131, Lake Success, NY 11042									
c) Resident(s) name, Unit # (where delivery or work will take place)									

## CERTIFICATE HOLDER

## BERKOWNERS INC. c/o Metro Management

**Attn: Joe Doren** 

E-mail: jdoren@metromanagementdev.com

 ${\bf adegraff@metromanagement dev.com}$ 

## 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