



# Garthchester Realty

[www.GarthchesterRealty.com](http://www.GarthchesterRealty.com)

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Forest Hills, New York 11375  
(718) 544-0800

## **\*COI MUST BE WRITTEN AS FOLLOWS:**

### **DESCRIPTION of OPERATIONS/ADDITIONAL INSURED:**

1. Name of Resident, Address & Apt. #
2. **101 Old Mamaroneck Owners Corp.**
3. GARTHCHESTER REALTY

### **CERTIFICATE HOLDER:**

**101 Old Mamaroneck Owners Corp.**

c/o GARTHCHESTER REALTY

440 Mamaroneck Ave., S-512

Harrison, NY 10528

SAMPLE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 INSURERS(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy (ies) must 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> Insurance Agency Name Insurance Agency Address		<b>CONTACT</b> NAME: FULL NAME OF CONTACT PHONE (A/C, No, Ext): PHONE OF CONTACT FAX (A/C, No): FAX OF CONTACT E-MAIL ADDRESS: EMAIL ADDRESS OF CONTACT	
<b>INSURED</b> NAMED OF INSURED (MUST MATCH SIGNED CONTRACT) FULL CURRENT ADDRESS OF CONTACT		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A : CARRIER 1 - AM BEST (A-) OR BETTER	
		INSURER B :	
		INSURER C :	
		INSURER D :	

**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.

INS R LT R	TYPE OF INSURANCE	ADD L INS R	SU BR WV D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <div><div><div><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</div><div><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</div><div><input checked="" type="checkbox"/> Blanket Contractual Liability</div></div><div>GEN' L AGGREGATE LIMIT APPLIES PER: <div><div><input type="checkbox"/> POLICY</div><div><input checked="" type="checkbox"/> PRO-</div><div><input checked="" type="checkbox"/> LOC</div></div></div></div> <div>X</div> <div>X</div> <div>\$1,000,000 / \$2,000,000 MINIMUM</div> <div>CURRENT</div> <div>CURRENT</div> <div><div>EACH OCCURRENCE</div><div>\$1,000,000</div><div>DAMAGE TO RENTED PREMISES (Ea Occurrence)</div><div>\$100,000</div><div>MED EXP (Any one person)</div><div>\$5,000</div><div>PERSONAL &amp; ADV INJURY</div><div>\$2,000,000</div><div>GENERAL AGGREGATE</div><div>\$2,000,000</div><div>PRODUCTS-COMP/OP AGG</div><div>\$2,000,000</div></div>						
A	<b>AUTOMOBILE LIABILITY</b> <div><div><div><input checked="" type="checkbox"/> ANY AUTO</div><div><div><input type="checkbox"/> ALL OWNED AUTOS</div><div><input type="checkbox"/> SCHEDULED AUTOS</div></div><div><input checked="" type="checkbox"/> HIRED AUTOS</div><div><input checked="" type="checkbox"/> NON-OWNED AUTOS</div></div><div>X</div><div>X</div><div>\$1,000,000 MINIMUM</div><div>CURRENT</div><div>CURRENT</div><div><div>COMBINED SINGLE LIMIT (Ea accident)</div><div>\$1,000,000</div><div>BODILY INJURY (Per Person)</div><div>\$</div><div>BODILY INJURY (Per accident)</div><div>\$</div><div>PROPERTY DAMAGE (Per accident)</div><div>\$</div></div></div>						
A	<div><div><div><input checked="" type="checkbox"/> UMBRELLA LIAB</div><div><input checked="" type="checkbox"/> OCCUR</div></div><div><div><input checked="" type="checkbox"/> EXCESS LIAB</div><div><input type="checkbox"/> CLAIMS-MADE</div></div><div><div><input type="checkbox"/> DED</div><div><input type="checkbox"/> RETENTION \$</div></div></div> <div>X</div> <div>X</div> <div>SEE AGREEMENT</div> <div>CURRENT</div> <div>CURRENT</div> <div><div>EACH OCCURRENCE</div><div>See agreement</div><div>AGGREGATE</div><div>See agreement</div></div>						
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div><div>Y/N</div><div><input type="checkbox"/></div></div>	N/A	X	\$1,000,000 MINIMUM NEW YORK STATE DISABILITY - Statutory	CURRENT	CURRENT	<div><div><div><div><input checked="" type="checkbox"/> WC STATU- TORY LIMITS</div><div><input type="checkbox"/> OTH- ER</div><div>STATUTORY LIMITS</div></div><div>E.L. EACH ACCIDENT</div><div>\$1,000,000</div><div>E.L. EACH ACCIDENT – EA EMPLOYEE</div><div>\$1,000,000</div><div>E.L. DISEASE – POLICY LIMIT</div><div>\$1,000,000</div></div></div>

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

<<Shareholder >>, <<Corporation >>, and <<Managing Agent>> are named as additional insureds (policy form CG201011/85 or equivalent) for ALL operations by Contractor or by any of its subcontractors or agents. Liability policies include a Primary/Non-Contributory endorsement and a waiver of subrogation endorsement in favor of the Additional Insureds, their agents and employees. Liability policies shall have NO limitations or exclusions for injuries to employees, subcontractor employees, location or type of work performed.

Loc. <<unit address>>

## CERTIFICATE HOLDER:

	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 <b>MUST BE SIGNED</b>