

ACORD CERTIFICATE OF LIABILITY INSURANCE

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

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. INSURERS AFFORDING COVERAGE
INSURED * NAME AND ADDRESS OF INSURED (Must match signed contract)	INSURER A: XXXXXXXXXX INSURER B: XXXXXXXXXX INSURER C: INSURER D: INSURER E:

COVERAGES

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. 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	\$1,000,000/\$2,000.000	00/00/00	00/00/00	EACH OCCURRENCE	\$ 1,000,000		
					DAMAGE TO RENTED PREMISES	\$ 100,000		
					MED EXP (any 1 person)	\$ 5,000		
					PERSONAL & ADV INJURY	\$ 2,000,000		
					GENERAL AGGREGATE	\$ 2,000,000		
					PRODUCTS - COMP/OP AGG	\$ 2,000,000		
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	\$1,000,000 minimum	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000		
					BODILY INJURY (per person)	\$		
					BODILY INJURY (per accident)	\$		
					PROPERTY DAMAGE (Per accident)	\$		
					<table border="1"> <tr> <td>AUTO ONLY - EA ACCIDENT</td> <td>\$</td> </tr> <tr> <td rowspan="2">OTHER THAN AUTO ONLY</td> <td>EA ACC</td> <td>\$</td> </tr> <tr> <td>AGG</td> <td>\$</td> </tr> </table>		AUTO ONLY - EA ACCIDENT	\$
AUTO ONLY - EA ACCIDENT	\$							
OTHER THAN AUTO ONLY	EA ACC	\$						
	AGG	\$						
B	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$		
					AGGREGATE	\$		
						\$		
						\$		
						\$		
*	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	\$1,000,000 minimum	00/00/00	00/00/00	<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other			
					E.L. EACH ACCIDENT	\$1,000,000		
					E.L. DISEASE -EA EMPLOYEE	\$1,000,000		
					E.L. DISEASE -POLICY LIMIT	\$1,000,000		
	OTHER							

Also additionally insured: Shareholder's Name, Address and Apt. Number
Crest Manor Housing Corp., 377 North Broadway, Yonkers, New York 10701
Garthchester Realty Associates, 440 Mamaroneck Ave, Harrison, NY 10528
Date of Move /Delivery/ Work:

CERTIFICATE HOLDER Crest Manor Housing Corp C/O Garthchester Realty Associates 440 Mamaroneck Ave, 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 KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Must have signature
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XX*IF WORKERS COMP IS NOT ON THIS CERTIFICATE - YOU MUST PROVIDE (2) CERTIFICATES FROM STATE INSURANCE FUND (ONE FOR EACH ADDITIONAL INSURED)