



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/12/2018

<b>PRODUCER</b> ISU Hoffman Agency 368 Washington St Wellesley, MA 02481--6206 781.235.0087	<b>THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: Philadelphia Indemnity Insurance Company	18058
	INSURER B:	
	INSURER C:	
<b>INSURED</b> Edem Tsakpoe 100 Elgar Pl Apt 10A Bronx, NY 10475-	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 CERTIFICATION 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.								
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A	X	<b>GENERAL LIABILITY</b>	PHPK1813470-000	05/01/2018	05/01/2020	EACH OCCURENCE	\$1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$2,500	
		<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY				PERSONAL & ADV INJURY	\$1,000,000	
		<input type="checkbox"/>				GENERAL AGGREGATE	\$3,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$3,000,000	
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
		<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (EA accident)		
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)		
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)		
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)		
		<input type="checkbox"/> HIRED AUTOS						
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT		
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC		
						AUTO ONLY: AGG		
		<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURENCE		
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE		
		<input type="checkbox"/>						
		<input type="checkbox"/> DEDUCTIBLE						
		<input type="checkbox"/> RETENTION						
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N				E.L. EACH ACCIDENT		
		(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE		
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT		
		<b>OTHER</b>						
<b>DESCRIPTION OF OPERATIONS / LOCATIONS/ VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS</b> It is understood and agreed that Urban Associates, LLC, The Brodsky Organization, LLC, 400 West 59th Street Partners, LLC, Brodcom West Development Co, Beaux Arts II, LLC, Beaux Arts Realty, LLC, Park South Towers Associates, 400 West 59th Street Partners, LLC, 12 East 86th Street LLC, 200 West 60th Street Associates LLC, 42/9 Residential, LLC, 420 West 42nd Street, LLC, 24 Fifth Avenue Associates, LLC, West, Pierre Associates, LLC, Morningside Associates, LLC, City Point Residential, LLC, 7 Dekalb Owners, LLC, J.S.B. Properties, LLC are added as an additional insured but only with respect(s) to the operations of the named insured except that liability resulting from the additional insured's sole negligence.								

## CERTIFICATE HOLDER

## CANCELLATION

Urban Associates, LLC 400 W 59th St Fl 3 New York, NY 10019-8023	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.