



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/02/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Edgewood Partners Ins. Center 210 Hudson Street Suite 601 Jersey City, NJ 07311 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Phil Goodman</td> </tr> <tr> <td>PHONE (A/C, No, Ext): -</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: phil.goodman@epicbrokers.com</td> </tr> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td colspan="2">INSURER A : Greater NY Insurance Co.</td> <td style="text-align: center;">1</td> </tr> <tr> <td colspan="2">INSURER B : Federal Insurance Co.</td> <td></td> </tr> <tr> <td colspan="2">INSURER C : United States Fire Ins. Co</td> <td style="text-align: center;">21113</td> </tr> <tr> <td colspan="2">INSURER D : Hanover Insurance Co.</td> <td></td> </tr> <tr> <td colspan="2">INSURER E :</td> <td></td> </tr> <tr> <td colspan="2">INSURER F :</td> <td></td> </tr> </table> | CONTACT NAME: Phil Goodman | | PHONE (A/C, No, Ext): - | FAX (A/C, No): | E-MAIL ADDRESS: phil.goodman@epicbrokers.com | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : Greater NY Insurance Co. | | 1 | INSURER B : Federal Insurance Co. | | | INSURER C : United States Fire Ins. Co | | 21113 | INSURER D : Hanover Insurance Co. | | | INSURER E : | | | INSURER F : | | |
|---|---|-----------------------------------|--|-------------------------|----------------|--|--|-------------------------------|--|--------|--------------------------------------|--|---|-----------------------------------|--|--|--|--|-------|-----------------------------------|--|--|-------------|--|--|-------------|--|--|
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| INSURER E : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURED East River Housing Corp. 530D Grand Street New York, NY 10002 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------|----------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | 1131M38281 | 06/01/2020 | 06/01/2021 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$ |
| | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | |
| | POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | |
| | OTHER: | | | | | | |
| C | AUTOMOBILE LIABILITY | | | 1337469129 | 12/30/2019 | 12/30/2020 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY | | | | | | |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | | |
| | <input checked="" type="checkbox"/> Drive Oth Car | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | G21006142-001 | 06/01/2020 | 06/01/2021 | EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ |
| | EXCESS LIAB | <input checked="" type="checkbox"/> OCCUR | | | | | |
| | DED | | | | | | |
| | RETENTION \$ | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | OTH-ER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | N/A | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| D | Crime | | | BDY-H275380 | 06/01/2020 | 06/01/2021 | 7,500,000 |

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

Layers of Umbrella Liability

1 Federal Insurance Company \$10,000,000 Occ/\$10,000,000 Agg
Excess of Primary
SIR: \$10,000 Each Occurrence
(See Attached Descriptions)

| | |
|--|---|
| <p>CERTIFICATE HOLDER</p> <p style="text-align: center; font-size: 1.2em;">Evidence of Coverage</p> | <p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> |
|--|---|

DESCRIPTIONS (Continued from Page 1)

New York Only

- 2 Liberty Insurance Underwriters, Inc. \$15,000,000 Occ/\$15,000,000 Agg
Excess of \$10,000,000
- 3 XL Insurance America, Inc. \$25,000,000 Occ/\$25,000,000 Agg
Excess of \$25,000,000
- 4 Westchester Fire Insurance Company \$25,000,000 Occ/\$25,000,000 Agg
Excess of \$50,000,000
- 5 Fireman's Fund Insurance Company \$25,000,000 Occ/\$25,000,000 Agg
Excess of \$75,000,000