ACORD

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/22/2019

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 rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER							CONTACT NAME:					
							PHONE FAX (A/C, No, Ext): (A/C, No):					
Red: to Be Completed by Insurance Broker/							E-MAIL ADDRESS:					
Provider												NAIC #
Black: Required limits and language							INSURER A :					
INSURED												
Vendor Name							INSURER B :					
	ress						INSURER C :					
							INSURER D :					
Phone:							INSURER E :					
								INSURER F :				
						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 INSUR	ANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X	COMMERCIAL GENERA	AL LIABILITY					Complete		EACH OCCURRENCE	\$1,000	0,000.00
		CLAIMS-MADE	X OCCUR			Complete		complete	Complete	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,00	
			00001								\$ 10,00	
										MED EXP (Any one person)		),000.00
										PERSONAL & ADV INJURY		•
	GEN	N'L AGGREGATE LIMIT AI								GENERAL AGGREGATE		0,000.00
		POLICY X PRO- JECT	LOC							PRODUCTS - COMP/OP AGG		0,000.00
		OTHER:								COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY X ANY AUTO				Complete		Complete	Complete	(Ea accident)	\$ 1,000,000.00		
									BODILY INJURY (Per person)			
		OWNED AUTOS ONLY	SCHEDULED AUTOS					-		BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
											\$	
									0	EACH OCCURRENCE	<sub>\$</sub> 1,000	),000.00
	X	EXCESS LIAB	CLAIMS-MADE			Complete		Complete	Complete	AGGREGATE	s 1.000	0,000.00
		DED RETENTIO								1001120112	\$	,
WORKERS COMPENSATION										X PER OTH-	Ψ	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBERESCLUDED?				Complete		Complete	Complete		\$ 1,000,000.00		
			N / A		Complete		Complete	Complete	E.L. EACH ACCIDENT			
	(Mandatory in NH)									E.L. DISEASE - EA EMPLOYEE	4 000 000 00	
	DÉSO	CRIPTION OF OPERATIC	NS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000.00
						101, Additional Remarks Schedule,				and link life combine the factor of	ability 0	auta liab <sup>006</sup>
						201, LLC are each included as ureds with respect to general lia						
						primary & non-contributory with						
Insurance Coverage is non primary to and noncontributory with any other insurance policy covering the Additional Insureds. Each insurance policy contains a Blanket Waiver of												
Subrogation in favor of the Additional Insureds:												
CEF	RTIF	ICATE HOLDER					CANO	ELLATION				
			agoment las									
Pelican Management, Inc. 524 North Avenue New Rochelle, NY 10801							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					

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