

## 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.

		BROGATION IS WAIVED, subject ertificate does not confer rights t							require an endorsement	. A st	atement on	
Red: to Be Completed by Insurance Broker/							CONTACT NAME:					
							PHONE   FAX   (A/C, No):					
							E-MAIL ADDRESS:					
Provider							INSURER(S) AFFORDING COVERAGE NAIC #					
Black: Required limits and language							INSURER A:				NAIC#	
INSURED							INSURER B:					
Vendor Name Address							INSURER C:					
Add	ires	S					INSURER D:					
Pho	ne:					INSURER E :						
							INSURER F:					
CO	VER	AGES CEF	CATE	NUMBER:	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WITH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									WHICH THIS			
INSR LTR		TYPE OF INSURANCE		L SUBR POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	CY EXP D/YYYY) LIMITS			
	X	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			O-marilata			_	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000 \$ 50,00	0,000.00	
		CLAIMS-MADE X OCCUR			Complete		Complete	Complete	PREMISES (Ea occurrence)	\$ 10,00		
									MED EXP (Any one person)	· /		
									PERSONAL & ADV INJURY	\$ 1,000,000.00 \$ 2,000,000.00		
	GEN	V'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC							GENERAL AGGREGATE	\$2,000,000.00		
									PRODUCTS - COMP/OP AGG	\$ 2,000	0,000.00	
	OTHER: AUTOMOBILE LIABILITY							Complete	COMBINED SINGLE LIMIT	•	0.000.00	
	X	ANY AUTO OWNED SCHEDULED							Ea accident) \$ 1,000,000.0		0,000.00	
	^				Complete		Complete		BODILY INJURY (Per accident)	\$		
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB Y OCCUP									0,000.00	
	х	EXOCOS LIAB			Complete		Complete	Complete	EACH OCCURRENCE	\$ 2,000,000.00		
	DED RETENTION \$				Complete		Complete		AGGREGATE \$		0,000.00	
		RKERS COMPENSATION							X PER OTH-	Ψ		
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE				Complete			01-4-	E.L. EACH ACCIDENT	¢1 000	0,000.00	
OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A		Complete		Complete	Complete	E.L. DISEASE - EA EMPLOYEE \$ 1,0		·	
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.00		
	DES	CRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	φ 1,00°	0,000.00	
	<u></u>		<u> </u>									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Pelican Management, Inc, Goldfarb Properties, Inc. and POC 1201, LLC are each included as additional insureds with respect to general liability, umbrella/excess liability & auto liability policies. Waiver of subrogation applies in favor of additional insureds with respect to general liability, umbrella/excess liability, auto liability & workers compensation policies. The general liability, auto liability & umbrella/excess liability policies shall be primary & non-contributory with any other policy in force for or which may be purchased by the additional insureds This 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:												
CE	RTIF	FICATE HOLDER				CANCELLATION						
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					