MKW&ASS-02

A FER RUGGI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
A 6/6/2022

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:

Carlstadt, NJ 07072-0818
INSURER(S) AFFORDING COVERAGENAIC #

INSURER A :
INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

I NS UR ED **Group Name Address Must match Submission**

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 INSD	SUBR WVD	POLIC	NUMBER	POLICY EFF (MM /DD /YY Y)	POLICY EXP (MM/DD/YYY	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:			6807H39293A		3/ 1/2022	3/ 1/2023	EACH OCCURRENCE$ DAMAGE TO RENTED PREMISES (Ea occurrence)$ MED EXP (Any one person)$ PERSONAL & ADV INJURY$ GENERAL AGGREGATE$ PRODUCTS - COMP/OP AGG$
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BA4R516166		3/1/2022	3/1/2023	$ COMBINED SINGLE LIMIT (Ea accident)$ BODILY INJURY (Per person)$ BODILY INJURY (Per accident)$ PROPERTY DAMAGE (Per accident)$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION$ 10,000			CUP3551X104		3/1/2022	3/ 1/2023	$ EACH OCCURRENCE$ AGGREGATE $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						PER STATUTE OTH-ER E.L. EACH ACCIDENT$ E.L. DISEASE - EA EMPLOYEE$
C	Professional Liab.			USS2132016		7/18/2021	7/18/202	E.L. DISEASE - POLICY LIMIT$

Ensure dates of pertinence are included

Limits should contain a minimum of $1Mil

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

Additional Insureds: Roosevelt Island Operating Corporation, The New York State Urban Development Corporation d/b/a Empire State Development, The Division of Housing and Community Renewal, The State of New York and The City of New York.

CERTIFICATE HOLDER

Roosevelt Island Operating Corporation
426 Main Street
Roosevelt Island, NY 10044

CANCELLATION

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

Amira Ferruggia

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