ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
ISSUE DATE

PRODUCER
BROKERS NAME & MAILING ADDRESS

FAX & PHONE NUMBER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE | **NAIC #**

INSURED
INSURED NAME
ADDRESS
CITY, STATE ZIP

INSURER A:	INSURANCE COMPANY NAME	
INSURER B:	COMPANY SHOULD HAVE A BEST'S	
INSURER C:	RATING OF A VIII OR BETTER	
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 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. 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/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY					
		X COMMERCIAL GENERAL LIABILITY	POLICY	DATE	DATE	EACH OCCURRENCE	$ $1,000,000
		CLAIMS MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurence)	$ $100,000
						MED EXP (Any one person)	$ $5,000
						PERSONAL & ADV INJURY	$ $1,000,000
						GENERAL AGGREGATE	$ $2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	$ $2,000,000
		X POLICY PRO-JECT LOC					
		AUTOMOBILE LIABILITY					
		X ANYAUTO	POLICY	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
		X ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		X SCHEDULED AUTOS				BODILY INJURY (Per accident)	$
		HIRED AUTOS				PROPERTY DAMAGE (Per accident)	$
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANYAUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS /UMBRELLA LIABILITY				EACH OCCURRENCE	$ $5,000,000
		X OCCUR CLAIMS MADE	POLICY	DATE	DATE	AGGREGATE	$ 5,000,000
		DEDUCTIBLE					$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	POLICY	DATE	DATE	E.L. EACH ACCIDENT	$ $1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$ $,1,000,000
						E.L. DISEASE - POLICY LIMIT	$ $1,000,000
		OTHER					

Sample
Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insureds: [Building/Entity Name], First Management Corp., & Resident Name
Location: [Enter full address & apartment # here]

CERTIFICATE HOLDER

[BUILDING/ENTITY NAME]
C/O FIRST MANAGEMENT CORP.
34-03 BROADWAY
ASTORIA, NY 11106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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
SIGNATURE

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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

The Certificate of Insurance on the reverse side of this form 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.