



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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 BROKER'S NAME AND ADDRESS	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED CONTRACTOR NAME AND ADDRESS	INSURER A : INSURANCE COMPANY NAME	
	INSURER B : INSURANCE COMPANY NAME	
	INSURER C : INSURANCE COMPANY NAME	
	INSURER D : INSURANCE COMPANY NAME	
	INSURER E :	
	INSURER F :	

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
	GENERAL LIABILITY						
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1234567	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
<input type="checkbox"/>							MED EXP (Any one person) \$ 5,000
<input type="checkbox"/>	GEN'L AGGREGATE LIMIT A						PERSON & ADV INJURY \$ 1,000,000
<input type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCT AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY						
<input checked="" type="checkbox"/>	ANY AUTO						COMB SINGLE LIMIT (Ea accident) \$ 1,000,000
<input type="checkbox"/>	ALL OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	HIRED AUTOS						\$
<input type="checkbox"/>	SCHEDULED AUTOS						\$
<input type="checkbox"/>	NON-OWNED AUTOS						\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	XYZ1234567	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 5,000,000
<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>				AGGREGATE \$ 3,000,000
<input type="checkbox"/>	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	XYZ1234567	01/01/2020	01/01/2021	WC STATUTORY LIMITS \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	DISABILITY INSURANCE			XYZ1234567	01/01/2020	01/01/2021	STATUTORY LIMITS

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

THE FOLLOWING ARE INCLUDED AS ADDITIONAL INSURED WITH RESPECTS TO LIABILITY: UNIT OWNER: NAME AND ADDRESS

BRIGHTWATER TOWERS CONDOMINIUM, 601 SURF AVENUE, BROOKLYN NY 11224

CONEY REALTY & MANAGEMENT

CERTIFICATE HOLDER**CANCELLATION**

BRIGHTWATER TOWERS CONDOMINIUM
C/O CONEY MANAGEMENT,
601 SURF AVENUE
BROOKLYN NY 11224

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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