

## 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
PRODUCER						CONTACT NAME:					
Red: to Be Completed by Insurance Broker/						PHONE (A/C, No, Ext): (A/C, No) Ext):					
						E-MAIL ADDRESS:					
Provider						INSURER(S) AFFORDING COVERAGE					NAIC #
		c: Required limits and	lan	gua	ige	INSURER A:					10.00.0
INSURED						INSURE	RB:				
Vendor Name Address						INSURER C :					
Add	aress	5				INSURER D :					
Pho	ne:					INSURER E :					
						INSURER F:					
co	VER	AGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH F				REMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	TO T	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X								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	· /	0,000.00
		 N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000.00	
	GEN	PRO-							PRODUCTS - COMP/OP AGG		0,000.00
									\$ \$		5,000.00
	AUT	OTHER:  OMOBILE LIABILITY							COMBINED SINGLE LIMIT \$		0,000.00
	Х	ANY AUTO							(Ea accident) BODILY INJURY (Per person)		
	OWNED SCHEDULED				Complete		Complete	Complete	` ' '	\$	
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY					(Per accident)		\$		
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE \$2,0		0,000.00	
	Х	EXCESS LIAB CLAIMS-MADE			Complete	Complete	Complete	AGGREGATE	Ψ	0,000.00	
		DED RETENTION\$					Complete	Complete	TOOREGITE	\$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							Complete	X PER OTH- STATUTE ER	Ψ	
			N/A		Complete		Commiste		E.L. EACH ACCIDENT	s 1.000	0,000.00
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				Complete		Complete	Complete	E.L. DISEASE - EA EMPLOYEE	<u> </u>	
									E.L. DISEASE - POLICY LIMIT		0,000.00
Pe ge lial	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Pelican Management, Inc./ Goldfarb Properties & its subsidiaries & affiliates (see attached list) are 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 Pelican Management, Inc./Goldfarb Properties.										
CERTIFICATE 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						

	CUS		



LOC #: 0

ACORD	<b>ADDITIONA</b>	L REMA	ARKS SCHEDULE	Page	of
AGENCY Willis Insurance Services of Califor	rnia, Inc.		NAMED INSURED		
POLICY NUMBER	,		-		
SEE PAGE 1					
CARRIER SEE PAGE 1		NAIC CODE	EFFECTIVE DATE: OFF DA OF 4		
ADDITIONAL REMARKS		OLL I	EFFECTIVE DATE: SEE PAGE 1		
THIS ADDITIONAL REMARKS FORM IS	S A SCHEDIII E TO ACC	ODD FORM			
FORM NUMBER: FORM T		ORD FORIVI,			
Additional Insureds:					
an additional named insured on these	e policies. This Insurar ch insurance policy cor	nce Coverage	es on the attached list (Collectively "the Addition is primary to and noncontributory with any other was well as the Collective of Subrogation in favor of the Addition is a subrogation in favor of t	er insurance pólicy	