| | ® |
|-------|---|
| ĄCORĖ | , |

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| C B R | ERTI ELO EPR | CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, A | IVEL SURA ND T | Y OF NCE HE C | R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER. | EXTEN | D OR ALTE ONTRACT E | ER THE CO BETWEEN T | VERAGE AFFORDED B HE ISSUING INSURER(| Y THE S), AU | POLICIES | |
|--|---------------------------------|---|-----------------------------|--|--|--|---|---|---|----------------------|----------------------------------|--|
| lf | SUE | RTANT: If the certificate holder BROGATION IS WAIVED, subject ertificate does not confer rights t | to th | ne te | rms and conditions of th | e policy | y, certain po | olicies may r | | | | |
| | DUCE | | | Cert | incate noider in ned of st | CONTAC | | • | | | | |
| | | | | | | NAME: FAX PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: | | | | | | |
| Re | d: | to Be Completed by I | ารน | ran | ce Broker/ | | | | | | | |
| Pr | ovi | der | | | | | | | | | | |
| Bl | ack | : Required limits and | lan | ดมะ | ade | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | NAIC # | |
| | | | Ian | 940 | .90 | INSURER A : | | | | | | |
| INSU | | | | | | INSUREF | RВ: | | | | | |
| | naor tress | · Name | | | | INSUREF | RC: | <u>c</u> : | | | | |
| Aut | 1030 | | | | | INSURE | R D : | | | | | |
| Pho | one: | | | | | INSURE | R E : | | | | | |
| | | | | | | INSURE | R F : | | | | | |
| 00 | VER | AGES CEF | RTIFIC | CATE | E NUMBER: | | | | REVISION NUMBER: | | | |
| IN Cl | IDICA ERTII | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH | EQUIF PERT POLI | REME AIN, | NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE | OF ANY ED BY T BEEN R | CONTRACT THE POLICIES EDUCED BY I | OR OTHER E S DESCRIBEE PAID CLAIMS. | DOCUMENT WITH RESPEC | ст то у | WHICH THIS | |
| LTR | | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | | | |
| | X | COMMERCIAL GENERAL LIABILITY | | | Complete | | Complete | Complete | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 5,000 \$ 50,00 | 0,000.00 00.00 | |
| | | | | | | | | | MED EXP (Any one person) | \$ 10,00 | | |
| | | | | | | | | | PERSONAL & ADV INJURY | ÷, | 0,000.00 | |
| | | ULAGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | | 00,000.00 | |
| | GEN | PRO- | | | | | | | | | 0,000.00 | |
| | | | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000 | 5,000.00 | |
| | ΔΠΤ | OTHER: OMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | | 0,000.00 | |
| | X | | | | Complete | | Complete | Complete | (Ea accident) BODILY INJURY (Per person) | \$ 1,000 | 0,000.00 | |
| | <u>^</u> | OWNED SCHEDULED | | | | | | | , , , | \$ | | |
| | | AUTOS ONLY AUTOS HIRED NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ | | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | | |
| | | | | | | | | | | \$ |),000.00 | |
| | | UMBRELLA LIAB X OCCUR | | | Complete | | Complete | Complete | EACH OCCURRENCE | Ŷ | | |
| | X | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ 10,00 | 00,000.00 | |
| | | DED RETENTION \$ | | | | | | | | \$ | | |
| | | ERS COMPENSATION | | | Complete | Complete | Complete | X PER OTH- STATUTE ER | | | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE | | N/A | | Complete | | Complete | • • • • • • • • • • • • | E.L. EACH ACCIDENT | \$ 1,000 | 0,000.00 | |
| | (Man | ndatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000 | 0,000.00 | |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | | | | 0,000.00 | |
| | | | | | | | | | | | | |
| DESC | | ION OF OPERATIONS / LOCATIONS / VEHIC | LES /4 | |) 101. Additional Remarks Schedul | le, may be | attached if more | space is require | ed) | | | |
| Peli gen liab | can eral ility, | Management, Inc./ Goldfarb Pro liability, umbrella/excess liability umbrella/excess liability, auto li primary & non-contributory with | bertie / & au ability | s&i utolia y&w | ts subsidiaries & affiliates ability policies. Waiver of vorkers compensation po | s (see a subrog licies. T | ttached list) ation applie he general l | are included s in favor of iability, auto | d as additional insureds additional insureds with liability & umbrella/exce | i respe ess lial | ct to general bility policies | |
| CEI | RTIF | | | | | CANC | ELLATION | | | | | |
| 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 | | | | | | | | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID.

LOC #: 0

ACORE

ADDITIONAL REMARKS SCHEDULE

| | ADDITIONAL REM | ARKS SCHEDULE | Page of |
|-----------------------------|---------------------|----------------------------|---------|
| AGENCY | | NAMED INSURED | |
| Willis Insurance Services o | of California, Inc. | | |
| POLICY NUMBER | | | |
| SEE PAGE 1 | | | |
| CARRIER | NAIC CODE | | |
| SEE PAGE 1 | SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | |
| ADDITIONAL REMARKS | | - | |

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE:

Additional Insureds:

Pelican Management, Inc. Goldfarb Properties & its subsidiaries & affiliates on the attached list (Collectively "the Additional Insureds") are each an additional named insured on these policies. This Insurance Coverage is 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 Additional Insureds:

CEDAR TWO COMPANY, LLC; **DEEGAN TWO COMPANY, LLC;** FORDHAM ONE COMPANY, LLC; WEBB AVENUE COMPANY, LLC; CONCOURSE ONE COMPANY, LLC; NOONAN TOWERS COMPANY, LLC; **REVITE ONE COMPANY, LLC;** SHERIDAN ONE COMPANY, LLC; MORRIS HEIGHTS, LLC; PELHAM 1130, LLC; PELHAM 1135, LLC, PELHAM 1540, LLC; PELICAN MANAGEMENT INC. MATTHEWS 2160, LLC, GC 1700, LLC, GC1770, LLC, MOUNT EDEN DEVELOPMENT, LLC. FIFTH AVE. DEV. COMPANY, LLC; PARK TOWERS SOUTH COMPANY, LLC; COD, LLC; 151 WEST, LLC RSD 920, LLC; ROCKAWAY ONE COMPANY, LLC; OCEANVIEW ASSOCIATES, LLC; PHILROCK COMPANY, LLC; PARKWAY ASSOCIATES, LLC; DRAKE ONE COMPANY, LLC; HARBOR ONE COMPANY, LLC; WHITE PLAINS COMPANY, LLC; and GOLDFARB PROPERTIES, INC,