

## 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.

							rms and conditions of th ificate holder in lieu of su				require an endorsement	. Ast	atement on
_			ΙΟί	comer rights t	O the	ceru	incate noider in ned or st	CONTAC		)•			
Red: to Be Completed by Insurance Broker/ Provider								NAME: PHONE FAX					
							nce Broker/	(A/C, No, Ext): (A/C, No):					
								ADDRESS:					
	Black: Required limits and language							INSURER(S) AFFORDING COVERAGE					NAIC#
	RED					.50.	<del></del>	INSURER A:					
Ve	ndor	· Name						INSURER B:					
Address								INSURER C:					
Phone								INSURER D:					
Phone:								INSURER E : INSURER F :					
СО	VER	AGES		CER	TIFIC	CATE	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												
							NT, TERM OR CONDITION						
							THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE				D HEREIN IS SUBJECT TO	ALL	THE TERMS,
INSR LTR	_	TYPE OF INS			ADDL	SUBR WVD	R		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
	Х	COMMERCIAL GEN	IERA	AL LIABILITY		****			_		EACH OCCURRENCE	\$1,000	0,000.00
		CLAIMS-MADE	· []	X OCCUR			Complete	Complete	Complete	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50.00	00.00	
											1 (Caroccurrence)		00.00
											PERSONAL & ADV INJURY	\$1,000,000.00	
	GEN	"L AGGREGATE LIMI	IT A [	DDI IES DED:							GENERAL AGGREGATE		0,000.00
	GLI	POLICY X PROJECT		LOC							,		0,000.00
			ı								\$		3,000.00
	AUT	OTHER: OMOBILE LIABILITY									COMBINED SINGLE LIMIT	\$ 1,000,000.00	
	Х	ANY AUTO					Complete		Commiste		(Ea accident) BODILY INJURY (Per person)	\$	
	_	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED					Complete		Complete	Complete	BODILY INJURY (Per accident)	<u> </u>	
											PROPERTY DAMAGE	\$	
-		AUTOS ONLY AUTOS ONLY									(Per accident)	\$	
		UMBRELLA LIAB Y OCCUP									\$1,000,000.00		
	_	EXCESS LIAB	X				Complete		Complete	Complete	EACH OCCURRENCE	<u> </u>	
	^	CLAIIVIS-IV		CLAIMS-MADE	DE					AGGREGATE	· ,	0,000.00	
DED RETENTION \$									X PER OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					0				-	- 4 000 000 00		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A		Complete		Complete	Complete	E.L. EACH ACCIDENT	\$ 1,000,000.00 \$ \$ 1,000,000.00			
									E.L. DISEASE - EA EMPLOYEE		•		
									E.L. DISEASE - POLICY LIMIT	\$ 1,000	0,000.00		
DE0	ODIDT	TON OF OPERATION	0 / 1	004710N0 / VELIIO	. 50 //	0000	404 Additional Bassasta Oakadad				- A)		
							101, Additional Remarks Schedul			-	,	with w	noncet to
		•					ts subsidiaries & affiliates ability policies. Waiver of	•	,				•
							orkers compensation po						
sha	II be	primary & non-	-co	ntributory with	any	other	r policy in force for or wh	ich ma	y be purchas	sed by Pelica	an Management, Inc./Go	ldfarb	Properties.
CERTIFICATE HOLDER													
CE	KIIF	ICATE HOLDE	K				1	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	