

## 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.

						ms and conditions of th				require an endorsement	t. Ast	atement on	
PRODUCER							CONTACT NAME:						
Red: to Be Completed by Insurance Broker/ Provider						PHONE FAX							
						(A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS:							
						ADDRESS:  INSURER(S) AFFORDING COVERAGE				NAIC#			
		c: Required lim	its and	lan	gua	ge	INSURER(S) AFFORDING COVERAGE  INSURER A:					IVAIO #	
	IRED						INSURE	RB:					
Vendor Name Address							INSURE	RC:					
Au	ires	5					INSURER D:						
Pho	ne:						INSURER E :						
							INSURE	RF:					
СО	VER	AGES	CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH P				QUIR PERT POLIC	EMEN AIN, 7 CIES. I	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	Y CONTRACT THE POLICIE: REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANC		INSD	SUBR WVD			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	X	CLAIMS-MADE X OCCUR			Complete		Complete	Complete	Complete	EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000 \$ 50,00	0,000.00	
										PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 10,00		
										PERSONAL & ADV INJURY	\$1,000,000.00		
	GEN		IEC DED:							GENERAL AGGREGATE	\$4,000,000.00		
	GLI	POLICY X PRO- JECT	LOC							PRODUCTS - COMP/OP AGG		\$2,000,000.00	
		OTHER:								\$		5,000.00	
	AUT	OMOBILE LIABILITY				Complete			Complete	COMBINED SINGLE LIMIT (Ea accident)	\$ 1 00	0,000.00	
	Х	X ANY AUTO OWNED SCHEDULED				Complete		Complete		BODILY INJURY (Per person) \$		0,000.00	
								BODILY INJURY (Per accident)	\$				
		HIRED NOI	N-OWNED							PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLY AUT	TOS ONLY							(Fer accident)	\$		
		UMBRELLA LIAB X	OCCUR			Complete		Complete	Complete	EACH OCCURRENCE	<sub>\$</sub> 3,000	0,000.00	
	Х	EXCECUTION	CLAIMS-MADE			Complete		Complete	Complete	AGGREGATE	\$ 3.000	0,000.00	
	DED RETENTION\$								7.00.112	\$	,		
	WORKERS COMPENSATION							01-4-	X PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  Y / N					Complete		Complete	Complete	E.L. EACH ACCIDENT	\$ 1,000	0,000.00		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. DISEASE - EA EMPLOYEE	\$ 1,000	0,000.00	
									E.L. DISEASE - POLICY LIMIT		0,000.00		
				•		101, Additional Remarks Schedul				,			
gen liab	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	