



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/10/2022

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. 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).

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| PRODUCER JUST IN Brokerage Services LLC P.O. Box 656708 Fresh Meadows, N.Y. 11365 | CONTACT NAME: Irwin Blanch PHONE (A/C, No, Ext): 917-209-1878 E-MAIL ADDRESS: baci@sprintmail.com FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Insurance Company INSURER B: Liberty Insurance Underwriters INSURER C: INSURER D: INSURER E: INSURER F: |
| INSURED 715 Fox Street Owners Corp c/o Total Realty Associates, Inc. 733 Yonkers Avenue Suite 103 Yonkers, N.Y. 10704 | |

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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Deductible -\$0- GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | 680-0R297889-22-42 | 6/18/2022 | 6/18/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | 680-0R297889-22-42 | 6/18/2022 | 6/18/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | MCREA-9537-04 | 6/18/2022 | 6/18/2023 | EACH OCCURRENCE \$ 100,000,000 AGGREGATE \$ 100,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> | N/A | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | D & O | | 680-0R297889-22-42 | 6/18/2022 | 6/18/2023 | 1,000,000 |
| A | Employee dishonesty | | 680-0R297889-22-42 | 6/18/2022 | 6/18/2023 | 100,000 |

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

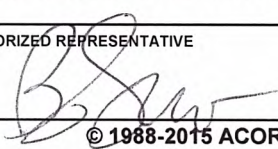
Location: 715 Fox Street; Bronx, N.Y. 10455

The policy is an all risk policy subject to the terms, conditions and exclusions on the stated policy numbered above.

The fidelity bond policy insures the property management company as an additional insured.

Certificate holder is included as mortgagee, additional insured and loss payee.

CERTIFICATE HOLDER**CANCELLATION**

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| NYC Housing Development Corporation Their successors and/or assign 110 William Street 10th Floor New York N.Y. 10038 | 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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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/10/2022

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

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| PRODUCER NAME, CONTACT PERSON AND ADDRESS JUST IN Brokerage Services LLC P.O. Box 656708 Fresh Meadows, N.Y. 11365 | | PHONE (A/C, No, Ext): 917-209-1878 | COMPANY NAME AND ADDRESS Travelers Insurance Company One Tower Square Hartford CT06183 | | NAIC NO: |
| FAX (A/C, No): | E-MAIL ADDRESS: baci@sprintmail.com | | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH | | |
| CODE: | SUB CODE: | | POLICY TYPE Apartment PAC | | |
| AGENCY CUSTOMER ID #: 715 FOX ST | | LOAN NUMBER | | POLICY NUMBER 680-OR297889-22-42 | |
| NAMED INSURED AND ADDRESS 715 Fox Street Owners Corp c/o Total Realty Associates Inc 733 Yonkers Avenue Suite 103, Yonkers, N.Y. 10704 | | EFFECTIVE DATE 6/18/2022 | EXPIRATION DATE 6/18/2023 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED | |
| ADDITIONAL NAMED INSURED(S) | | THIS REPLACES PRIOR EVIDENCE DATED: | | | |

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) **BUILDING** OR **BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION 715 Fox Street, Bronx, N.Y. 10455

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION PERILS INSURED BASIC BROAD SPECIAL

| | | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------|------|---------------------------------------------------------------------|
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: | \$13,722,033 | DED: | 5,000 |
| | YES NO N/A | | |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE | X | | If YES, LIMIT: 360,000 Actual Loss Sustained; # of months: |
| BLANKET COVERAGE | | X | If YES, indicate value(s) reported on property identified above: \$ |
| TERRORISM COVERAGE | X | | Attach Disclosure Notice / DEC |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION? | | X | |
| IS DOMESTIC TERRORISM EXCLUDED? | | X | |
| LIMITED FUNGUS COVERAGE | | X | If YES, LIMIT: DED: |
| FUNGUS EXCLUSION (If "YES", specify organization's form used) | X | | |
| REPLACEMENT COST | X | | |
| AGREED VALUE | X | | |
| COINSURANCE | | X | If YES, % |
| EQUIPMENT BREAKDOWN (If Applicable) | X | | If YES, LIMIT: 13,722,033 DED: 5,000 |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg | X | | If YES, LIMIT: 13,722,033 DED: 5,000 |
| - Demolition Costs | X | | If YES, LIMIT: 250,000 DED: 5,000 |
| - Incr. Cost of Construction | X | | If YES, LIMIT: 250,000 DED: 5,000 |
| EARTH MOVEMENT (If Applicable) | | X | If YES, LIMIT: DED: |
| FLOOD (If Applicable) | | X | If YES, LIMIT: 1,000,000 DED: 25,000 |
| WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: | X | | If YES, LIMIT: 13,722,033 DED: 25,000 |
| NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: | X | | If YES, LIMIT: 13,722,033 DED: 25,000 |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS | | X | |

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/> CONTRACT OF SALE | <input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> LOSS PAYEE | LENDER SERVICING AGENT NAME AND ADDRESS |
| <input checked="" type="checkbox"/> MORTGAGEE | <input checked="" type="checkbox"/> Additional Insured | | |
| NAME AND ADDRESS NYC Housing Development Corporation ISAOA ATIMA 110 William Street 10th Floor New York N.Y. 10038 | | | AUTHORIZED REPRESENTATIVE |