



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/7/2021

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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|--|--|--|--|
| <b>PRODUCER</b><br>Hirschfeld & Associates Corp<br>469 Broadway<br><br>Brooklyn NY 11211 |  | <b>CONTACT NAME:</b> Charny Brull<br><b>PHONE (A/C, No, Ext):</b> (718) 522-6555<br><b>E-MAIL ADDRESS:</b> charny@hirschfeldandassociates.com<br><b>FAX (A/C, No):</b> |  |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
|  |  | <b>INSURER A:</b> WESTCHESTER SURPLUS LINES INS CO   |  |
|  |  | <b>INSURER B:</b> Employers Insurance Company  |  |
|  |  | <b>INSURER C:</b> Westchester Surplus Lines Insurance Company  |  |
|  |  | <b>INSURER D:</b>  |  |
|  |  | <b>INSURER E:</b>  |  |
|  |  | <b>INSURER F:</b>  |  |

**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 INSD                                     | SUBR WVD  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |                            |              |
|----------|--|---|---|---------------|-------------------------|-------------------------|---|----------------------------|--------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |   |   | G7183508A 001 | 10/16/2021              | 10/16/2022              | EACH OCCURRENCE   | \$ 1,000,000               |              |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |   |   |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                           | \$ 50,000                  |              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |   |               |                         |                         |   | MED EXP (Any one person)   | \$ 5,000     |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |   |   |               |                         |                         | PERSONAL & ADV INJURY   | \$ 1,000,000               |              |
|          | OTHER:   |   |   |               |                         |                         | GENERAL AGGREGATE   | \$ 2,000,000               |              |
|          | <input type="checkbox"/> AUTOMOBILE LIABILITY  |   |   |               |                         |                         | PRODUCTS - COMP/OP AGG  | \$ 2,000,000               |              |
|          | <input type="checkbox"/> ANY AUTO  |   |   |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                                 | \$                         |              |
|          | <input type="checkbox"/> OWNED AUTOS ONLY  | <input type="checkbox"/> SCHEDULED AUTOS      |   |               |                         |                         | BODILY INJURY (Per person)  | \$                         |              |
|          | <input type="checkbox"/> HIRED AUTOS ONLY  | <input type="checkbox"/> NON-OWNED AUTOS ONLY |   |               |                         |                         | BODILY INJURY (Per accident)  | \$                         |              |
|          | <input type="checkbox"/>   | <input type="checkbox"/>                      |   |               |                         |                         | PROPERTY DAMAGE (Per accident)                                      | \$                         |              |
|          | <input type="checkbox"/>   | <input type="checkbox"/>                      |   |               |                         |                         |   | \$                         |              |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB  |   |   | G72555016 001 | 12/3/2021               | 10/16/2022              | EACH OCCURRENCE   | \$ 1,000,000               |              |
|          | <input type="checkbox"/> EXCESS LIAB   | <input checked="" type="checkbox"/> OCCUR     |   |               |                         |                         |   | AGGREGATE                  | \$ 1,000,000 |
|          | DED  | RETENTION \$                                  |   |               |                         |                         |   | \$                         |              |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |   |   | EIG4869574    | 10/15/2021              | 10/15/2022              | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |                            |              |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              |   | <input type="checkbox"/> Y <input type="checkbox"/> N |               |                         |                         |   | E.L. EACH ACCIDENT         | \$ 1,000,000 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |   | N/A   |               |                         |                         |   | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
|          |  |   |   |               |                         |                         | E.L. DISEASE - POLICY LIMIT   | \$ 1,000,000               |              |
| A        | Professional Liability   |   |   | G7183508A 001 | 10/16/2021              | 10/16/2022              | Each Occurrence   | 1,000,000                  |              |
|          |  |   |   |               |                         |                         | General Aggregate   | 2,000,000                  |              |

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

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Proof of Insurance | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | <b>AUTHORIZED REPRESENTATIVE</b><br>   |

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