

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

			CERTIFICATE OF LIADILITY INSURANCE									
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).												
PRODUCER CONTACT NAME: JALEN WILSON												
Albert Palancia Agency, Inc.						PHONE (A/C, No, Ext): (914)698-1373 FAX (A/C, No): (914)698-0125						
		116 Mamaroneck Avenue				E-Mall ADDRESS: jalen@palanciainsurance.com						
Mamaroneck, NY 10543						INSURER(S) AFFORDING COVERAGE					NAIC #	
THE REGATTA CONDOMINIUM A 45 KNOLLWOOD ROAD SUITE 3							INSURER C: Jencap Specialty Insurance Services					
		C/O RMR REALTY - WES					INSURER D : Distinguished Programs Insurance Brokerage, LLC.					
		ELMSFORD, NY 10523	**0		INSURER E :							
							INSURER F :					
<u>'00</u>	VER	AGES CER	TIFIC	CATE	NUMBER: 10007841-2	300385	REVISION NUMBER: 105					
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			ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ		
A	x	COMMERCIAL GENERAL LIABILITY	INSU	WVD	NN1578763		(MM//DD/1111) 07/26/2023	(MM/DD/1111) 07/26/2024	EACH OCCURRENCE	\$	1,000,000	
· · ·	~	CLAIMS-MADE OCCUR					•••	••••=•=•=•	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	U'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	Χ	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	NCLUDED	
		OTHER:								\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
									BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
В	Χ	UMBRELLA LIAB X OCCUR			0100252127-0		07/26/2023	07/26/2024	EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5,000,000	
	WOR	DED X RETENTION \$ 10,000							PER OTH-	\$		
	AND	EMPLOYERS' LIABILITY Y / N							STATUTE			
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$		
	If yes	datory in NH) s, describe under							E.L. DISEASE - EA EMPLOYE			
С		CRIPTION OF OPERATIONS below RECTORS & OFFICERS			LPP706241		07/26/2023	07/26/2024	E.L. DISEASE - POLICY LIMIT		\$1,000,000	
					SSA-392-56-74-119	73-02		07/26/2024	DED \$2,500		225,000	
					004 002 00 14 110	10 02	01/20/2020	01/20/2021			220,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
						C 4 1/2	CANCELLATION					
CEF	K I IF	ICATE HOLDER				CAN	ELLATION					
*******PROOF OF INSURANCE************************************							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		**********************	****	****	ORIZED REPRESENTATIVE JUNI © 1988-2015 ACORD CORPORATION. All rights reserved.							

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