

# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YY)  
**8/8/2012**

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

<b>PRODUCER</b> The Principe Agency 2697 N. Jerusalem Rd East Meadow, NY 11554  <b>PHONE (A/C, No, Ext): 516-221-2599</b>	<b>COMPANY</b> GREATER NEW YORK INS.CO.
<b>CODE:</b> _____ <b>SUB CODE:</b> _____	<b>LOAN NUMBER</b> _____ <b>POLICY NUMBER</b> <b>1131M88326</b>
<b>AGENCY CUSTOMER ID #:</b> _____	<b>EFFECTIVE DATE</b> <b>06/27/12</b> <b>EXPIRATION DATE</b> <b>06/27/13</b>
<b>INSURED</b> 200 EAST 16TH STREET HOUSING CORP c/o J.B. LOVETT & ASSOCIATES 109-15 14th AVE COLLEGE POINT, NY 11375	CONTINUED UNTIL TERMINATED IF CHECKED <input checked="" type="checkbox"/>
THIS REPLACES PRIOR EVIDENCE DATED: _____	

**PROPERTY INFORMATION**

**LOCATION/DESCRIPTION**

COOPERATIVE APARTMENT LOCATED AT:  
 200 EAST 16TH ST  
 NEW YORK, NY 10003

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
BUILDING-100% RC-SPECIAL-AGREED AMOUNT LOSS OF INCOME/RENTS	\$26,180,000 \$ 3,000,000	3000
BUILDING ORDINANCE/100% RC/DEMOLOTION/ICOC/UNDAMAGED POR. BOILER & MACHINERY TERRORISM COVERAGE MOLD COVERAGE	INCLUDED 26,180,000 INCLUDED INCLUDED	3000

**REMARKS (Including Special Conditions)**

LOCATION: 200 EAST 16TH STREET NY,NY

**CANCELLATION**

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW \_\_\_\_\_ DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

**ADDITIONAL INTEREST**

NAME AND ADDRESS  <b>EVIDENCE OF INSURANCE</b>	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN # _____		
AUTHORIZED REPRESENTATIVE:		

**PRODUCER**  
  
**THE PRINCIPE AGENCY**  
**2697 N. Jerusalem Rd**  
**East Meadow, NY 11554**  
**516-221-2599**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

- COMPANY  
**A GREATER NEW YORK INSURANCE CO**
- COMPANY  
**B GREAT AMERICAN**
- COMPANY  
**C CNA**
- COMPANY  
**D**

**INSURED**  
  
**200 EAST 16TH STREET HOUSING CORP**  
**C/O JOHN B LOVIT ASSOC INC**  
**109-15 14TH AVENUE**  
**COLLEGE POINT, NY 11356**

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>1131M88326</b>	<b>6/27/12</b>	<b>6/27/13</b>	BODILY INJURY OCC	\$ <b>1000000</b>		
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY AGG	\$ <b>2000000</b>		
	<input type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE OCC	\$ <b>1000000</b>		
	<input type="checkbox"/> PRODUCTS/COMPLETED OPER				PROPERTY DAMAGE AGG	\$ <b>2000000</b>		
	<input type="checkbox"/> CONTRACTUAL				BI & PD COMBINED OCC	\$ <b>1000000</b>		
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				BI & PD COMBINED AGG	\$ <b>2000000</b>		
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE				PERSONAL INJURY AGG	\$ <b>2000000</b>		
	<input type="checkbox"/> PERSONAL INJURY							
	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> ALL OWNED AUTOS (Private Pass)				PROPERTY DAMAGE	\$		
	<input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger)				BODILY INJURY & PROPERTY DAMAGE COMBINED	\$		
	<input type="checkbox"/> HIRED AUTOS							
<b>B</b>	<b>EXCESS LIABILITY</b>	<b>UM2388452</b>	<b>6/27/12</b>	<b>6/27/13</b>	EACH OCCURRENCE	\$ <b>50MIL</b>		
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ <b>50MIL</b>		
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS	OTHS		
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:							
	<input type="checkbox"/> INCL							
	<input type="checkbox"/> EXCL							
<b>C</b>	<b>OTHER</b>	<b>0250622950</b>	<b>11/6/11</b>	<b>11/6/12</b>		\$ <b>600,000</b>		
	<b>EMPLOYEE DISHONESTY</b>				<b>0250706413</b>	<b>6/27/12</b>	<b>6/27/13</b>	\$ <b>1,000,000</b>
	<b>D&amp;O</b>							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**  
  
**FOR EVIDENCE PURPOSES**

**CANCELLATION**  
  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
