

**Policy Number: VOGP001042**  
**Insured Name: ADCO ELECTRICAL CORP**  
**Number: 32**

**CG 20 12 07 98**

**Effective Date: 04/10/2013**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED –  
STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

<b>State Or Political Subdivision:</b> AS REQUIRED BY WRITTEN CONTRACT
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Section II – Who Is An Insured** is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

**1.** This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

**2.** This insurance does not apply to:

- a.** "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
- b.** "Bodily injury" or "property damage" included within the "products-completed operations hazard".

POLICY NUMBER: SPP00000044452V

IL 09 85 01 08

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

## **DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT**

### **SCHEDULE**

**Terrorism Premium (Certified Acts) \$ 0**

**This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(s):**

Commercial General Liability Coverage Part  
Commercial Property Coverage Part

**Additional information, if any, concerning the terrorism premium:**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

#### **A. Disclosure Of Premium**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

#### **B. Disclosure Of Federal Participation In Payment Of Terrorism Losses**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

#### **C. Cap On Insurer Participation In Payment Of Terrorism Losses**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION – DESIGNATED ONGOING OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Description of Designated Ongoing Operation(s):** Any and all repair or remodel of existing structures. Exclusion does not apply to repair of structures built by Insured during this policy period.

**Specified Location (If Applicable):**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The following exclusion is added to paragraph 2., Exclusions of COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I – Coverages):

This insurance does not apply to "bodily injury" or "property damage" arising out of the ongoing operations described in the Schedule of this endorsement, regardless of whether such operations are conducted by you or on your behalf or whether the operations are conducted for yourself or for others.

Unless a "location" is specified in the Schedule, this exclusion applies regardless of where such operations are conducted by you or on your behalf. If a specific "location" is designated in the Schedule of this endorsement, this exclusion applies only to the described ongoing operations conducted at that "location".

For the purpose of this endorsement, "location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

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**Endorsement 25**

NAMED INSURED: Bedrock Plumbing and Heating, Inc.

**E6838.1 Additional Insured — Ongoing Operations Endorsement**

In consideration of the premium charged, and on the understanding this endorsement leaves all other terms, conditions, and exclusions unchanged, it is agreed the General Liability Coverage Part is amended as follows:

**SCHEDULE**

Any entity(ies) or person(s) at any location required by written contract to be included for coverage as an additional insured.

- I. Section III. Who is an insured, K. Additional insureds, is amended to include as an additional insured the entity(ies) or person(s) shown in the Schedule above, but only with respect to liability arising out of:

SNL ORIX 1200 McDonald, LLC - owner  
3333 New Hyde Park Rd  
Lake Success, NY 11042

SNL ORIX LLC 1200 McDonald, LLC – project manager  
3333 New Hyde Park Rd  
Lake Success, NY 11042

SnL Construction, LLC – general contractor  
3333 New Hyde Park Rd  
Lake Success, NY 11042

Safe N Lock Self Storage, LLC – development manager  
3333 New Hyde Park Rd  
Lake Success, NY 11042

- a. **your** acts or omissions or of those acting on **your** behalf; and
- b. the performance of **your** ongoing operations for the additional insured.
- II. However, there is no coverage for such additional insureds for:
- a. **bodily injury, property damage, or personal and advertising injury** arising out of the rendering or failure to render any professional architectural, engineering, or surveying services, including:
- (1) the preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, drawings, or specifications; or
  - (2) supervisory, inspection, architectural, or engineering activities.
- b. **bodily injury or property damage** occurring after:
- (1) all work, including materials, parts, or equipment furnished in connection with such work, on the project (other than service, maintenance, or repairs) to be performed by or on behalf of the additional insured at the location of the covered operations has been completed; or
  - (2) that portion of **your work** out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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**Endorsement 22**

NAMED INSURED: Bedrock Plumbing and Heating, Inc.

**E6851.1 Specific Primary and Non-Contributory Endorsement – Scheduled Contracts**

In consideration of the premium charged, and on the understanding this endorsement leaves all other terms, conditions, and exclusions unchanged, it is agreed the General Liability Coverage Part is amended as follows:

**SCHEDULE****Contract(s)**

N/A

**Name of Additional Insured(s)**

Storage Construction  
26 West 17th Street, Suite 801  
New York, NY 10011

163 6th Street LLC - Project Owner; Storage Deluxe Management Company, LLC Property Manager; Storage Construction Company, LLC General Contractor; Petros Realty Corp - Ground Lessor; and their respective owners, managers, principals, employees, agents and assigns, lender as needed, ATIMA c/o Storage Deluxe, 26 West 17th Street, Suite 801, New York, NY 10011.

444 55th Street LLC – Landlord; UOVO Management LLC- Property Manager; CubeSmart Asset Management LLC – Property Manager; Storage Deluxe Management Company, LLC- Development Manager; Storage Construction Company LLC – General Contractor; and their respective owners, managers, principals, employees, agents and assigns, lender as needed. ATIMA C/O Storage Deluxe, 26 West 17th Street, Suite 801, New York, NY 10011

- I. Section III. Who is an insured, K. Additional insureds, is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule above, but only to the extent required in the contract or agreement **you** entered into naming such additional insured and identified in the Schedule above.
- II. Notwithstanding anything to the contrary in the other insurance provisions of the General Terms and Conditions or in this Coverage Part, the coverage available under this Coverage Part to any additional insured identified in the Schedule above will be primary and non-contributory, and any other insurance available to the additional insured for the same **claim** or **occurrence** will be specifically excess of the **coverage part limit**.
- III. The coverage afforded to the additional insured(s) listed above is subject to all of the terms and conditions of Section III. Who is an insured, K. Additional insureds.

Endorsement effective: 04/06/2018

Certificate No.: MPL1925088.18

Endorsement No: 22

Processed Date: 03/29/2018

Hiscox Inc.

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**Endorsement 15**

NAMED INSURED: Bedrock Plumbing and Heating, Inc.

**E6839.1 Additional Insured – Owners, Lessees or Contractors – Completed Operations Endorsement**

In consideration of the premium charged, and on the understanding this endorsement leaves all other terms, conditions, and exclusions unchanged, it is agreed the General Liability Coverage Part is amended as follows:

**SCHEDULE****Name of Additional Insured Person(s)  
or Organizations****Location and Description of  
Completed Operations**

All entities or persons required by written contract to be included for coverage as additional insureds with respect to the operations performed by the **named insured** or by any person or entity on the **named insured's** behalf.

- I. Section III. Who is an insured, K. Additional insureds, is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule above, but only with respect to liability for **bodily injury** or **property damage** caused by **your work** at the location(s) designated and described in the above Schedule performed for such additional insured(s) and included in the **products-completed operations hazard**.  
However, the insurance afforded to such additional insured(s):

1. applies only to the extent permitted by law; and
2. will not be broader than **you** are required by the contract or agreement to provide for such additional insured(s).

- II. With respect to those additional insureds afforded coverage under this Endorsement, the following is added to Section IV. Limits of liability:

If coverage provided to the additional insured(s) is required by a contract or agreement, the most **we** will pay on behalf of the additional insured(s) is the amount of insurance:

1. required by the contract or agreement; or
2. available under the applicable limits stated in the Declarations,

whichever is less.

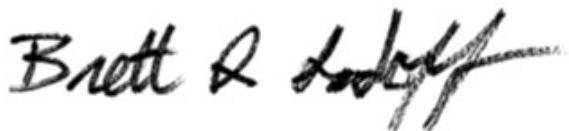
Endorsement effective: 04/06/2018

Certificate No.: MPL1925088.18

Endorsement No: 15

Processed Date: 03/29/2018

Hiscox Inc.

Authorized Representative  
Brett Sadoff

## Commercial General Liability



### LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

#### ENDORSEMENT NO. 30

Effective Date:	11/16/2013
Policy Number:	1000017414-04
Issued To:	Zoria Housing LLC

**NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK STATE INSURANCE LAW AND REGULATIONS. HOWEVER, THE FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

#### **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

#### **SCHEDULE**

##### **Name Of Person Or Organization:**

As required by written contract signed by both parties prior to any "occurrence" in which coverage is sought under this policy.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – **Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

PRESIDENT  
Christopher L. Peirce

SECRETARY  
Dexter R. Legg

## Commercial General Liability



### LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

#### ENDORSEMENT NO. 8

<b>Effective Date:</b>	11/16/2013
<b>Policy Number:</b>	1000017414-04
<b>Issued To:</b>	Zoria Housing LLC

**NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK STATE INSURANCE LAW AND REGULATIONS. HOWEVER, THE FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

#### DEDUCTIBLE

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

#### SCHEDULE

##### Amount of Deductible Including Supplementary Payments:

\$25,000 Per Occurrence

Our obligation to pay damages and Supplementary Payments on your behalf applies only to the sum of the amount of damages and Supplementary Payments in excess of any deductible amounts stated in the Schedule above as applicable to such coverages, and the limits of insurance applicable to each "occurrence" or offense for such coverages will be reduced by the amount of such deductible. Aggregate limits for such coverages shall not be reduced by the application of such deductible amount.

The deductible amounts stated in the Schedule above apply as follows:

1. a. **Per Occurrence basis:** If the deductible is on a Per Occurrence basis, the deductible amount applies to all damages and Supplementary Payments because of "bodily injury", "property damage", "personal and advertising injury" as a result of any one "occurrence" or offense regardless of the number of persons or organizations who sustain damages because of that "occurrence" or offense.
- b. **Per Claim basis:** If the deductible is on a Per Claim basis, the deductible amount applies to all damages and Supplementary Payments because of "bodily injury", "property damage" and "personal and advertising injury" sustained by one person or organization as the result of any one "occurrence" or offense.
2. The terms of this insurance, including those with respect to:
  - a. Our right and duty to defend any "suits" seeking those damages; and



## Commercial General Liability



### LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

#### ENDORSEMENT NO. 5

<b>Effective Date:</b>	11/16/2013
<b>Policy Number:</b>	1000017414-04
<b>Issued To:</b>	Zoria Housing LLC

**NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK STATE INSURANCE LAW AND REGULATIONS. HOWEVER, THE FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

#### **ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

#### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

##### **SCHEDULE**

##### **State Or Governmental Agency Or Subdivision Or Political Subdivision:**

As required by written contract signed by both parties prior to any "occurrence" in which coverage is sought under this policy.

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations)

**Section II – Who Is An Insured** is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.
2. This insurance does not apply to:
  - a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
  - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## NEW YORK – HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### SCHEDULE

Coverage	Additional Premium
<b>A. Hired Auto Liability</b>	\$
<b>B. Non-owned Auto Liability</b>	\$
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**Section II – Liability** is amended as follows:

**A.** Insurance is provided only for those coverages for which a specific premium charge is shown in the Declarations or in the Schedule.

**1. Hired Auto Liability**

Paragraph **A.1. Business Liability** applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

**2. Non-owned Auto Liability**

Paragraph **A.1. Business Liability** applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person.

**B.** For insurance provided by this endorsement only:

**1. Paragraph B.1. Exclusions – Applicable To Business Liability Coverage**, other than Exclusions **a.**, **b.**, **d.**, **f.** and **i.**, is deleted and replaced by the following:

**a.** "Bodily injury" to an "employee" of the insured arising out of and in the course of:

**(1)** Employment by the insured; or

**(2)** Performing duties related to the conduct of the insured's business.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the insured under an "insured contract".

**b.** "Property damage" to:

**(1)** Property owned or being transported by, or rented or loaned to the insured; or

**(2)** Property in the care, custody or control of the insured.

**2. Paragraph C. Who Is An Insured** is replaced by the following:

**1.** Each of the following is an insured under this endorsement to the extent set forth below:

**a.** You;

**b.** Any other person using a "hired auto" with your permission;

**c.** For a "non-owned auto":

**(1)** Any partner or "executive officer" of yours; or

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION – DESIGNATED WORK**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### **SCHEDULE**

**Description of your work:**

ANY AND ALL OPERATIONS RELATED TO LUIGI CALIENDO & SONS INC. & CALCON GROUP. HOWEVER, SPECIFICALLY REGARDING CALACON GROUP, EXCLUSION WILL NOT APPLY WHEN CALCON IS ACTING IN THE CAPACITY OF A SUBCONTRACTOR FOR NORDEST SERVICES.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

This insurance does not apply to "bodily injury" or "property damage" included in the "products-completed operations hazard" and arising out of "your work" shown in the Schedule.

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

## **DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT**

### **SCHEDULE**

<b>SCHEDULE – PART I</b>		
<b>Terrorism Premium (Certified Acts)    \$0</b> <b>This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies):</b> Commercial General Liability Coverage Part		
<b>Additional information, if any, concerning the terrorism premium:</b>		
<b>SCHEDULE – PART II</b>		
<b>Federal share of terrorism losses</b>	<b>85%</b>	<b>Year: 2015</b>
(Refer to Paragraph B. in this endorsement.)		
<b>Federal share of terrorism losses</b>	<b>84%</b>	<b>Year: 2016</b>
(Refer to Paragraph B. in this endorsement.)		
<b>Federal share of terrorism losses</b>	<b>83%</b>	<b>Year: 2017</b>
(Refer to Paragraph B. in this endorsement.)		
<b>Federal share of terrorism losses</b>	<b>82%</b>	<b>Year: 2018</b>
(Refer to Paragraph B. in this endorsement.)		
<b>Federal share of terrorism losses</b>	<b>81%</b>	<b>Year: 2019</b>
(Refer to Paragraph B. in this endorsement.)		
<b>Federal share of terrorism losses</b>	<b>80%</b>	<b>Year: 2020</b>
(Refer to Paragraph B. in this endorsement.)		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

#### **A. Disclosure Of Premium**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.