

## Commercial Insurance Binder for Avery Condominium

<b>Policy Reference:</b>	USC013008250
<b>Previous Policy No:</b>	USC013008240
<b>Products:</b>	General Liability, Business Auto
<b>Binder Issue Date:</b>	02/27/2025
<b>Headquarter Location:</b>	100 Riverside Blvd New York, NY 10069
<b>Policy Period:</b>	03/25/2025 to 03/25/2026
<b>Insuring Company:</b>	Fireman's Fund Insurance Company
<b>Underwriter:</b>	Owen Fitzgerald
<b>Broker:</b>	Willis Towers Watson Northeast, Inc. 200 Liberty Street, 6th Floor New York, NY 10281

Please note that billing type or plan changes **after issuance** may result in a change to your policy number.

Arch Underwriters Inc. (CA License #0M67874 ) ("AUI") is an insurance agency acting on behalf (1) Fireman's Fund Insurance Company (an Illinois corporation, NAIC #21873 ); (2) American Automobile Insurance Company (a Missouri corporation, NAIC #21849 ); (3) Chicago Insurance Company (an Illinois corporation, NAIC #22810); (4) National Surety Insurance Company (an Illinois corporation, NAIC #21881); and (5) Interstate Fire and Casualty Company (an Illinois corporation, NAIC #22829). AUI is licensed as a property casualty insurance agency in all jurisdictions in which it offers insurance products. Not all insurance coverages or products are available in all jurisdictions. Not all insurance companies are authorized to provide all insurance coverages or products in all jurisdictions. All insurance products are governed by the terms, conditions, limitations, and exclusions in the applicable insurance policy. Coverage is subject to actual policy language.

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## I. Named Insured Schedule

Named Insured	Legal Entity
Avery Condominium	Other

## II. Location Schedule

Location	Address	City	County	State	Zip Code	Description
1	100 Riverside Blvd	New York	New York	NY	10069	Location 1

## III. Forms Schedule

See Appendix - Forms Schedule

## IV. Premium Summary

General Liability	\$ 74,981
Business Auto	\$ 254
Certified Terrorism	\$ 1,505

<b>Total Amount Payable by the Insured</b>	<b>\$ 76,740.00</b>
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## V. Terms and Conditions

In accordance with U.S. Treasury Department's Office of Foreign Assets Control (OFAC) regulations, if it is determined that any insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, the insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

# GENERAL LIABILITY

## VI. General Liability Coverage

### Premium Summary

Premises/Operations	\$ 72,897
Multicover	\$ 1,822
Employee Benefits Administration E & O	\$ 262
Certified Terrorism	\$ 1,499

<b>Total Amount Payable by the Insured</b>	<b>\$ 76,480.00</b>
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### General Liability Coverage Section – Declarations

If one or more numbers are shown in the Location(s) column of these Declarations, then each number represents that specific **location(s)** as displayed on the **Location Schedule**. If the word **"ALL"** is shown in the Location(s) column shown in these Declarations, then such word means all locations as displayed on the **Location Schedule** **except** operations at locations that are specifically excluded.

**Audit Period**  
**Annual**

#### Commercial General Liability Coverage Form (CG 00 01 04 13)

Coverage Description	Limits of Insurance
Commercial General Liability Coverage Part	
General Aggregate Limit (Other than Products – Completed Operations)	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ 2,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage To Premises Rented To You Limit-Any One Premises	\$ 100,000
Medical Expense Limit- Any One Person	\$ 10,000

#### Employee Benefits Administration Errors and Omissions Insurance (EB 70 00 03 19)

Coverage Description	Limits of Insurance
Each Employee Limit	\$ 1,000,000
Aggregate Limit	\$ 1,000,000

## Classification(s)

Location(s)	Coverage(s)	Class Code(s)	Classification Description(s)	Basis of Premium	Exposure
1	Premises/Operations (Products Included)	62003	Condominiums - Residential - Association Risk Only	Units	278
1	Premises/Operations (Products Included)	62001	Condominiums - Commercial - Shopping Centers (Association Risk Only)	Area	29,550

## Endorsements

### Designated Location(s) General Aggregate Limit (CG 25 04 05 09)

Location Number	Designated Location(s)
1	100 Riverside Blvd, New York, NY 10069

### Designated Premises or Project Coverage Limitation (CG 70 83 07 98)

Description and/or Location of Premises	Description of Project
1 100 Riverside Blvd, New York, NY 10069	N/A

### Exclusion - Development, Construction or Reconstruction (CG 72 98 03 19)

Specified Location(If Applicable)
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## Additional Coverage Provision(s)

### Amendment (CG7092 12 92)

Form CG7092 does not apply

# **BUSINESS AUTO**



## VII. Business Auto Coverage Offer

### Premium Summary

Non-Owned Auto Liability	\$ 127
Hired Auto Liability	\$ 127
Certified Terrorism	\$ 6

<b>Total Amount Payable by the Insured</b>	<b>\$ 260.00</b>
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### Business Auto Coverage Section - Declarations

Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.**

#### Audit Period

Annual

#### Business Auto Coverage Form (CA 00 01 10 13)

#### Schedule of Coverage

Coverages	Covered Auto Symbols	Limit of Insurance
Liability	8,9	\$ 1,000,000

#### Schedule of Exposure

State	Coverages	Basis of Premium	Exposure
NY	Hired Auto Liability	Cost of Hire	If Any
NY	Non-Owned Auto Liability	Number of Employees	25

## VIII. Important Notices and Forms Requiring Policyholder Signature

Form Title	Form Number
Important Disclosure Notice Regarding Terrorism Coverage	386357 06 17

## IX. Appendix



## Forms Schedule

Form Title	Form Number
<b>General Liability</b>	
Economic or Trade Sanctions Compliance	145985 06 14
Common Policy Conditions	IL 00 17 11 98
New York Changes - Calculation of Premium	IL 01 85 08 08
Silica Particles Exclusion - New York	145917NY 03 19
New York - Disclosure of Premium For Certified Acts of Terrorism Coverage (Pursuant To Terrorism Risk Insurance Act)	145927NY 01 15
Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 23 07 02
New York Changes - Cancellation and Nonrenewal	IL 02 68 01 14
General Liability Coverage Section - Declarations	
Commercial General Liability Coverage Form	CG 00 01 04 13
New York Changes - Premium Audit	CG 01 04 12 04
New York Changes - Commercial General Liability Coverage Form	CG 01 63 07 11
Additional Insured - Condominium Unit Owners	CG 20 04 11 85
Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - With Limited Bodily Injury Exception	CG 21 06 05 14
Communicable Disease Exclusion	CG 21 32 05 09
Employment - Related Practices Exclusion	CG 21 47 12 07
Total Pollution Exclusion with a Hostile Fire Exception	CG 21 55 09 99
Designated Location(s) General Aggregate Limit	CG 25 04 05 09
New York Changes - Transfer of Duties When a Limit of Insurance Is Used Up	CG 26 21 10 91
Designated Premises or Project Coverage Limitation	CG 70 83 07 98
Complete Lead Poisoning and Lead Contamination Exclusion	CG 70 92 03 19
Complete Asbestos Exclusion	CG 70 93 03 19
Multicover	CG 71 58 03 19
New York Amendments to Multicover	CG 72 42 04 13
Emergency First Aid Endorsement	CG 72 86 NY 12 08
Cross Suits Exclusion	CG 72 91 03 19
Exclusion - Development, Construction or Reconstruction	CG 72 98 03 19
Employee Benefits Administration Errors and Omissions Insurance	EB 70 00 03 19
New York Changes - Premium Audit	EB 70 04 12 97
New York Changes - Employee Benefits Administration Errors and Omissions Insurance Amendatory Endorsement	EB 70 08 08 98
Amendment	CG7092 12 92

**Forms Schedule, Continued**

Form Title	Form Number
<b>Business Auto</b>	
Economic or Trade Sanctions Compliance	145985 06 14
Common Policy Conditions	IL 00 17 11 98
New York Changes - Calculation of Premium	IL 01 85 08 08
New York Changes - Fraud	IL 01 83 08 08
Business Auto Coverage Section - Declarations	
Business Auto Coverage Form	CA 00 01 10 13
New York Changes in Business Auto and Motor Carrier Coverage Forms	CA 01 12 12 15
New York Changes-Cancellation	CA 02 25 08 14
Explanation of Premium Basis	CA 70 03 10 01

# **Important Notices & Forms Requiring Policyholder Signature**



## Important Disclosure Notice Regarding Terrorism Coverage - 386357 06 17

This notice applies to the type(s) of insurance provided under this policy that are subject to the Terrorism Risk Insurance Act, as amended ("The Act"). You are hereby notified that under The Act, you have a right to purchase insurance coverage for losses arising out of **certified acts of terrorism**, as defined in Section 102(1) of The Act: The term **certified act of terrorism** means any act or acts that are certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, as amended, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHEN COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM **CERTIFIED ACTS OF TERRORISM**, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM **CERTIFIED ACTS OF TERRORISM** WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

This quotation includes an offer of coverage for losses due to **certified acts of terrorism**, as defined by The Act, and, if accepted, will be subject to the limit(s), terms and conditions of any policy subsequently issued. The quoted premium for this terrorism coverage is \$ per quote attached.

In order to accept or reject this offer of terrorism coverage for the premiums stated above please do one of the following:

To Reject this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing the Allianz Insurance Companies; and
- (2) Mark the **Reject** option below, sign and date below, and return the originally signed document to your agent or broker representing the Allianz Insurance Companies.

To Accept this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing the Allianz Insurance Companies; and
- (2) Pay the premium by the due date shown on your premium billing.

Please note that any coverage mandated by applicable Standard Fire Policy laws or Workers Compensation laws in your state will not be affected by your rejection below of terrorism coverage.

If you have any questions about this or any other insurance matter, please contact your agent or broker representing the Allianz Insurance Companies.

TERRORISM COVERAGE ELECTION:

( ) I REJECT COVERAGE FOR LOSSES DUE TO TERRORIST ACTS, AS DEFINED IN THE ACT.

Applicant: Avery Condominium

Signature:

Title:

Date:

Insurance Company: Fireman's Fund Insurance Company

Please return to your agent or broker representing the Allianz Insurance Companies.