



CERTIFICATE OF LIABILITY INSURANCE

KOKI

DATE (MM/DD/YYYY)

6/2/2011

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 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 Frenkel & Company 601 Plaza 3 6th Floor Harborside Financial Center Jersey City, NJ 07302	(201) 356-3400	CONTACT NAME: Lauren Ortiz
		PHONE (A/C, No, Ext): 201-793-4101 FAX (A/C, No): 201-356-0052
		E-MAIL ADDRESS: lortiz@frenkel.com
		PRODUCER CUSTOMER ID #: EASTRIV-02
INSURED East River Housing Corp. 530D Grand Street New York, NY 10002		INSURER(S) AFFORDING COVERAGE
		INSURER A: Federal Insurance Company NAIC # 01295
		INSURER B: American Guarantee & Liability Ins. Co. NAIC # 26247
		INSURER C: Travelers Excess & Surplus Lines Co. NAIC # 29696
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES CERTIFICATE NUMBER: 001 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			7993-45-71	6/1/2011	6/1/2012	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
B	AUTOMOBILE LIABILITY			7993-45-72	6/1/2011	6/1/2012	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			7993-45-72	6/1/2011	6/1/2012	EACH OCCURRENCE	\$ 25,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 25,000,000
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			CMB-9170B56-7-11	6/1/2011	6/1/2012	WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	All Risk Property			CMB-9170B56-7-11	6/1/2011	6/1/2012	Bldg/Business Income	432,128,800/21,347,080
C	Boiler & Machinery			CMB-9170B56-7-11	6/1/2011	6/1/2012	Bldg/Business Income	100,000,000

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

See attached page.


CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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DESCRIPTION OF OPERATIONS -

East River Housing Corp.
530D Grand Street
New York, NY 10002

Evidence of Insurance

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. Fidelity Insurance: Federal Insurance Company: policy #8091-9136; 6/1/2011 - 6/1/2012; \$4,000,000 limit applies.

. All Risk Property Insurance policy (Travelers Excess & Surplus Lines Co. #CMB 9170B56-7-11) includes the perils of Earthquake (\$5,000,000 limit applies) and Flood (\$5,000,000 limit applies except for location known as 473, 475 & 477 FDR Drive where \$1,000,000 limit applies). Coverage is Replacement Cost basis. Insured locations include 453, 455 & 457 FDR Drive, 573, 575 & 577 Grand Street, 568, 570 & 572 Grand Street, 473, 475 & 477 FDR Drive and 551-555 Grand Street, New York, NY 10002. Basic Policy deductible is \$10,000.

Location & Flood Zone:	Units:
453-455 & 457 FDR Drive X New York, NY 10002	427
573-575 & 577 Grand Street X New York, NY 10002	406
568-570 & 572 Grand Street X New York, NY 10002	409
473, 475 & 477 FDR Drive AE New York, NY 10002	427
Total	1,669 Units