



# CERTIFICATE OF LIABILITY INSURANCE

OP ID CE

DATE (MM/DD/YYYY)

06/02/10

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).

<b>PRODUCER</b>  Arthur Chernick Co., Inc. 370 Lexington Avenue Ste 1400 New York NY 10017 Phone: 212-697-2147 Fax: 212-972-0589	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 350BL-2	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  350 Bleecker Street Apartment Corporation C/O Tudor Realty Services Corp 250 Park Ave. South 4FL New York NY 10003-1402	<b>INSURER A:</b> Greater New York Mutual Ins, Co	<b>NAIC #</b>
	<b>INSURER B:</b> Federal Insurance Company	
	<b>INSURER C:</b> Chubb Group of Insurance	
	<b>INSURER D:</b> Travelers Casualty and Surety	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER:

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b>						
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		8131M15272	06/01/10	06/01/11	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
C	<input checked="" type="checkbox"/> D & O \$2,000,000	X	6804-9528	08/16/09	08/16/10	MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> Emp. Dish \$25,000		8131M15272	06/01/10	06/01/11	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
						Emp Ben. \$ 1,000,000
<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
A	<input checked="" type="checkbox"/> HIRED AUTOS		8131M15272	06/01/10	06/01/11	PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS		8131M15272	06/01/10	06/01/11	\$
						\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		CERTIFICATE ASMB-4203-02	06/01/10	06/01/11	EACH OCCURRENCE \$ 100,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X				AGGREGATE \$ 100,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 0.					\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			WC STATUTORY LIMITS OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	<input checked="" type="checkbox"/> Property - Spec.		8131M15272	06/01/10	06/01/11	Building \$23,064,531
D	<input checked="" type="checkbox"/> Employee Dishonest		105341113 \$300,000	09/10/09	09/10/10	Deduct. \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Evidence of Insurance Only. Location: 350 Bleecker Street, New York, NY 10014.

**CERTIFICATE HOLDER****CANCELLATION**

350BLEE  350 Bleecker Street Apartment Corp. C/O Tudor Realty Service Corp. 250 Park Avenue South 4th Fl New York NY 10003-1402	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 Charles M. Chernick <i>CChernick</i>
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<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
Arthur Chernick Co., Inc. 370 Lexington Avenue Ste 1400 New York NY 10017 Phone: 212-697-2147 Fax: 212-972-0589		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #: 350BL-2	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
350 Bleecker Street Apartment Corporation C/O Tudor Realty Services Corp 250 Park Ave. South 4FL New York NY 10003-1402		INSURER A: Greater New York Mutual Ins, Co	
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	<input checked="" type="checkbox"/> RETENTION \$ 0.						\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N				WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Property - Spec.			8131M15272	06/01/10	06/01/11	Building \$23,064,531
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate Holder is included as additional insured - managing agent for Location 350 Bleecker Street, New York, NY 10014

**CERTIFICATE HOLDER****CANCELLATION**

TUDOR-2	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tudor Realty Service Corp. 250 Park Avenue South, 4th Fl New York NY 10003	AUTHORIZED REPRESENTATIVE Charles M. Chernick <i>CChernick</i>