



20-001

**360 Middletown
Holdings, LLC /
13th Avenue Fish
Market**

Project # - 20-001

Project Name – 360 Middletown Holdings, LLC

Inspections Dates/Compliance:

- 02/27/20 – No activity
- 03/12/20 – 100%

No Inspections Performed April/May 2020 Due to COVID

- 06/30/20 – 100%
- 07/28/20 – 100%
- 08/06/20 – No activity
- 09/29/20 – 100%
- 10/27/20 – 100%
- 11/24/20 – 100%
- 12/15/20 – No activity
- 01/28/21 – 100%
- 02/04/21 – 100%
- 03/04/21 – 100%
- 04/01/21 – No activity
- 05/10/21 – No activity
- 06/08/21 – 100%
- 07/15/21 -100%
- 08/03/21 – 100%
- 09/30/21 – 100%
- 10/28/21 – No activity
- 11/08/21 – No activity
- 12/23/21 - No activity
- 01/28/22 - No activity
- 02/22/22 - No activity
- 03/16/22 - No activity
- 04/28/22 - No activity
- 05/19/22 - No activity
- 06/13/22 - No activity
- 07/27/22 - No activity
- 08/29/22 - No activity
- 09/29/22 - No activity
- 10/11/22 - No activity
- 11/21/22 - No activity

LOEWKE BRILL

CONSULTING GROUP, INC

- 12/21/22 - No activity
- 01/24/23 - No activity
- 02/28/23 - No activity
 - 03/20/23 – 100%
 - 04/24/23 – 100%
- 05/11/23 – No activity
- 06/26/23 - No activity
 - 07/11/23 – 100%
- 08/28/23 - No activity
 - 09/12/23 - 100%
- 10/03/23 - No activity
- 11/09/23 - No activity

Contractor Compliance

- Active Fire Protection – 100%
- Advanced Analytical Technologies, Inc – 100%
 - AMC Excavation Services LLC – 100%
 - Cheskys Plumbing Service Inc - 100%
- Eastgate Management Service Corp – 100%
- Garfield Plumbing and Heating Inc – 100%
- Green Light Energy Conservation LLC – 100%
- Guardian Air Conditioning & Refrigeration – 100%
 - Mead Sealcoating – 100%
 - MP Electric Inc – 100%
- Power Air Heating and Cooling Corp – 100%
- Prime Security and Communication Inc – 100%
 - William Kimmel Enterprises Inc – 100%
 - Wise Foam Insulation Inc - 100%

Waivers: 1

- Titan Rack and Shelving



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APPLICATION FOR FINANCIAL ASSISTANCE

360 Middletown Holdings LLC/13th Avenue Fishkill, NY 12520

(Applicant Name)

09/02/2019

(Date of Application)

Orange County Business Accelerator
4 Crotty Lane, Suite 100
New Windsor, NY 12553
Phone: 845-234-4192 Fax: 845-220-2228
www.ocnyida.com
business@ocnyida.com

Updated April 11, 2019



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IDA Attorney

Harris Beach PLLC
IDA Bond Counsel

Joel Kleiman
Chief Financial Officer

Melanie Schouten
Chief Operating Officer (*Acting*),
FOIL Officer

Kelly Reilly
Project Manager

Catherine Hunter
Compliance Administrator

Marty Borrás
Executive Assistant



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MISSION STATEMENT

“The mission of the Orange County Industrial Development Agency is to **promote economic growth** through a program of incentives-based allocations that assist in the construction, equipping and maintenance of specific types of projects and facilities. The IDA works to advance the health, prosperity and economic welfare of our County’s citizens by **retaining and creating jobs and attracting new businesses.**”



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The sections below make up the information and documents that must be completed and submitted to the OCIDA for a project application to be considered. Failure to provide the required information may cause a delay in the project being considered in a timely manner.

Section I. Applicant Information: pg. 5
 Financial Information: pg. 10

Section II. Project Information: pg. 11

Section III. Financial Assistance Requested: pg. 16

Section IV. Employment Plan: pg. 18

Section V. Representations by the Applicant: pg. 21

Fill in all blanks, using "none" or "not applicable" or "N/A" where the question does not pertain to the applicant's project.

Attachments Hold Harmless Agreement: pg. 24
 Retail Questionnaire: pg. 27
 Fee Schedule: pg. 29
 Project Scoring Criteria: pg. 32
 Labor Policy: pg. 34



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APPLICATION FOR FINANCIAL ASSISTANCE

I. APPLICANT INFORMATION

A) APPLICANT

Company Name: 13th Avenue Fish Market, Inc
Mailing Address: 4301 15th Avenue Brooklyn, NY 11219
Phone No.: (718) 438-3773
Fax No.: (718) 871-0326
Fed Id. No.: 113184236
Contact Person: Solomon Getz
Title: Controller
Contact Phone No.: (718) 517-8511
Contact Email: sg@freundsfish.com

IDA Management must be able to reach the Applicant's Contact throughout the duration of the Agreement. Should this information change at any time IDA Management should be notified immediately. Please initial stating you understand and consent to the above

B) INDIVIDUAL COMPLETING APPLICATION

Name: Solomon Getz
Company Name: 13th Avenue Fish Market, Inc
Title: Chief Financial Officer
Address: 4301 15th Avenue Brooklyn, NY 11219
Phone No.: (718) 517-8511 Fax No.: (718) 871-0326
Email: sg@freundsfish.com

C) APPLICANT'S COUNSEL

Name: Jacob Billig
Address: 461 Broadway, POB 1447, Middletown NY 12701
Phone No.: (845) 794-3833
Fax No.: (845) 794-3827
Email: jbillig@blslaw.net

IDA Management must be able to reach the Applicant's Counsel throughout the duration of the Agreement. Should this information change at any time IDA Management should be notified immediately. Please initial stating you understand and consent to the above JB

D) APPLICANT'S AUDIT CONTACT

Name: Roth and Co.
Address: 1428 36th Street Suite 200
Phone No.: (718) 236-1600
Fax No.: (718) 975-5542
Contact Email: srosenbaum@rothcocpa.com

The IDA is legally required to submit an annual PARIS report to the state that requires information from each project. Applicant participation is **NOT OPTIONAL**. **ALL INFORMATION** must be submitted in a **COMPLETE** and **TIMELY** manner. Failure to comply with this request **WILL RESULT** in a **LOSS/RECAPTURE** of **ALL OR SOME** of your benefits. Please initial stating you understand and consent to the above B

E) APPLICANT'S GENERAL CONTRACTOR/CONSTRUCTION MANAGER

Name/Contact: TO BE DETERMINED
Address: _____
Phone No.: _____
Fax No.: _____
Email: _____

F) Principal Owners/Officers/Directors (list owners with 15% or more in equity holdings with percentage ownership):

Name	Office Held	% of Ownership	% of Voting Rights
Morris Freund	CEO	50%	50%
Tzvi Freund	VP	25%	25%
Pinchas Freund	VP	25%	25%

**Please attach chart if space provided is not sufficient.

G) Corporate Structure (attach schematic if applicant is a subsidiary or otherwise affiliated with another entity)

Form of Entity

Corporation

Date of Incorporation: 06/24/1993
 State of Incorporation: New York

Partnership

General _____ or Limited _____
 Number of general partners _____
 If applicable, number of limited partners _____

Date of formation _____
 Jurisdiction of Formation _____

Limited Liability Company/Partnership (number of members _____)

Date of organization: _____
 State of Organization: _____

Sole Proprietorship

H) If a foreign organization, is the applicant authorized to do business in the State of New York?

Yes or No

If no, please explain below:

N/A

**Please attach narrative if space provided is not sufficient.

I) If any of the above persons, or a group of them, owns more than a 50% interest in the company, list all other organizations which are related to the company by such persons having more than a 50% interest in such organizations.

N/A

**Please attach chart if space provided is not sufficient.

J) Is the company related to any other organization by reason of more than 50% common ownership? If so, indicate name of related organization and relationship.

N/A

**Please attach narrative if space provided is not sufficient.

K) Has the Applicant or any of its affiliated organizations ever received OCIDA benefits? Yes or No

If yes, please describe the assisted project below:

N/A

**Please attach narrative if space provided is not sufficient.

L) Legal Questions:

1. Is the Company presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
 Yes or No
2. Has the company or any of its affiliates ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
 Yes or No
3. Has the Company ever settled a debt with a lending institution for less than the full amount outstanding?
 Yes or No
4. Has any senior manager or principal of the Company ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any such charges pending?
 Yes or No

5. Has the Company or any of its affiliates, been cited for a violation of federal, State or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or operating practices?

Yes or No

6. Are there any outstanding judgments or liens pending against the Company other than liens in the normal course of business?

Yes or No

7. Is the Company delinquent on any New York State, federal or local tax obligations?

Yes or No

If your answer is "YES" for any of the above questions, please provide an explanation:

N/A

**Please attach narrative if space provided is not sufficient.

M) Has the company (or any related corporation or person) made a public offering or private placement of its stock within the last year? Yes or No

If yes, please attach offering statement used.

N) Brief description of Company History (formation, growth, transitions, location):

Please see attached narrative.

**Please attach narrative if space provided is not sufficient.

Estimated % of sales within the County:

5%

Estimated % of sales outside the County but within NYS:

88%

Estimated % of sales outside NYS but within the U.S.:

12%

Estimated % of sales outside the U.S.:

0

P) Sales and income projection or a project pro forma for proposed project for the next 3 to 5 years.

To Follow

**Please attach chart if space provided is not sufficient

O) Is the applicant (Company) party in compliance with local, state, and federal taxes, workers' protection, and environmental laws? Yes or No

If no, please describe below:

**Please attach narrative if space provided is not sufficient

FINANCIAL INFORMATION OF THE COMPANY

A. For existing businesses:

- The Applicant must submit three (3) years of accountant prepared financial statements.
- The Applicant must submit a current Certificate of Good Standing from the Department of State for the business.

B. For new businesses:

- The Applicant must submit three (3) years of personal tax returns for the owner(s).
- The Applicant must submit three (3) years of tax returns for the related businesses as well as Certificates of Good Standing from the Department of State.

The requested Financial Information of the Company is to be kept confidential and is not subject to the Freedom of Information Law (FOIL).

II. PROJECT INFORMATION

A) Project Address: 360 Crystal Run Road Middletown, NY 10941

Tax Map Number 60-1-122
(Section/Block/Lot)

Located in City of _____

Located in Town of Wallkill

Located in Village of _____

School District of Goshen Central

B) Are utilities on site?

Water Yes Electric Yes
Gas Yes Sanitary/Storm Sewer _____

C) Present legal owner of the site 360 Crystal Run LLC
If other than from applicant, by what means will the site be acquired for this project?

D) Zoning of Project Site: Current: O/R Proposed: _____

E) Are any variances needed? No

F) Furnish a copy of any environmental application presently in process of completion concerning this project, providing name and address of the agency, and copy all pending or completed documentation and determinations.

G) Attach copies of preliminary plans or sketches of proposed construction or rehabilitation or both.

H) Statement describing project (i.e. land acquisition, construction of manufacturing facility, etc.):

Freund's Fish Market is seeking to expand its production line and its scope of distribution. The company plans to implement this expansion in six phases over a five-year period, subject to financing availability, economic influences or management decisions that may result thereof. See attached.

**Please attach narrative if space provided is not sufficient.

I) Statement describing the impact of incentives on this project, should they be granted:

The incentives would have a large impact on the project and the ability of the company to hire additional people and make the project a more sustainable project as it pertains to the carrying cost of the building and gives the owner a predictable tax consequence as they look to expand.

**Please attach narrative if space provided is not sufficient.

J) Statement describing the economic benefit to the surrounding community resulting from this project:

The anticipated expansion will support the addition of approximately 50 additional employees in warehousing, productions, transportation and management positions. The renovation and expansion of the building will increase jobs in the area and boost the local economy. Please refer to the attached.

**Please attach narrative if space provided is not sufficient.

K) Anticipated Date of Operation:

01/01/2020 - *First phase of operation to be completed by 11/1/21*

L) Principal use of project upon completion:

- | | | | |
|--|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> manufacturing | <input type="checkbox"/> warehousing | <input type="checkbox"/> research | <input type="checkbox"/> offices |
| <input type="checkbox"/> industrial | <input type="checkbox"/> recreation | <input type="checkbox"/> retail | <input type="checkbox"/> residential |
| <input type="checkbox"/> training | <input type="checkbox"/> data process | <input checked="" type="checkbox"/> other | |

If other, explain: food/seafood processing and distribution

M) NAICS Code: 445220

N) Estimated Project Costs, including:

Value of property to be acquired: \$ 3,400,000

Value of improvements: \$ _____

Value of equipment to be purchased: \$ 1,887,500

Estimated cost of engineering/architectural services: \$ _____

Other: \$ _____

Total Capital Costs: \$ \$5,287,500

Project refinancing; estimated amount
(for refinancing of existing debt only)

\$ _____

Sources of Funds for Project Costs:

Bank Financing:

\$ 4,758,750

Equity (excluding equity that is attributed to grants/tax credits)

\$ 528,750

Tax Exempt Bond Issuance (if applicable)

\$ _____

Taxable Bond Issuance (if applicable)

\$ _____

Public Sources (Include sum total of all state and federal grants and tax credits)

\$ _____

Identify each state and federal grant/credit:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Sources of Funds for Project Costs:	\$ _____

O) Inter-Municipal Move Determination

Will the project result in the removal of a plant or facility of the applicant from one area of the State of New York to another?

Yes or No

Will the project result in the removal of a plant or facility of another proposed occupant of the project from one area of the State of New York to another area of the State of New York?

Yes or No

Will the project result in the abandonment of one or more plants or facilities located in the State of New York?

Yes or No

If Yes to any of the questions above, explain how, notwithstanding the aforementioned closing or activity reduction, the Agency's Financial Assistance is required to prevent the Project from relocating out of the State, or is reasonably necessary to preserve the Project occupant's competitive position in its respective industry:

N/A

Project Data

1. Project site (land)

(a) Indicate approximate size (in acres or square feet) of project site.
7.8 ACRES, 31,534 SQ. FT.

(b) Are there buildings now on the project site? Yes No

(c) Indicate the present use of the project site.
Warehouse

(d) Indicate relationship to present user of project.
Not Related

2. Does the project involve acquisition of an existing building or buildings?
If yes, indicate number, size and approximate age of buildings:
Approximately 60 years old

3. Does the project consist of the construction of a new building or buildings?
If yes, indicate number and size of new buildings:
N/A

4. Does the project consist of additions and/or renovations to existing buildings?
If yes, indicate nature of expansion and/or renovation:
Not Presently

5. Estimated Start Date of Construction: 01/01/2020

6. Estimated End Date of Construction: 9/1/2021

7. What will the building or buildings to be acquired, constructed or expanded be used for by the company?
(Include description of products to be manufactured, assembled or processed, and services to be rendered. . .
See attached narrative

. . . including the percentage of building(s) to be used for office space and an estimate of the percentage of the functions to be performed at such office not related to the day-to-day operations of the facilities being financed.)
100% FOR OPERATIONS, 1 SMALL WORK AREA FOR FOREMAI

8. If any space in the project is to be leased to third parties, indicate total square footage of the project amount to be leased to each tenant and proposed use by each tenant.

N/A

9. List principal items or categories of equipment to be acquired as part of the project.

See attached narrative

10. Has construction work on this project begun? Yes or No

Complete the following

- | | | | |
|----------------------------|------------------------------|--|------------------|
| (a) site clearance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ % complete |
| (b) foundation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ % complete |
| (c) footings | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ % complete |
| (d) steel | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ % complete |
| (e) masonry work | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ % complete |
| (f) other (describe below) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | _____ % complete |

III. FINANCIAL ASSISTANCE REQUESTED

A) Benefits Requested:

- Sales Tax Exemption Tax-Exempt/ Taxable Revenue Bond
 Mortgage Recording Tax Exemption Real Property Tax Agreement

B.) Value of Incentives:

IDA PILOT Benefit: Agency staff will indicate the amount of PILOT Benefit based on estimated Project Costs as contained herein and anticipated tax rates and assessed valuation, including the annual PILOT Benefit abatement amount for each year of the PILOT benefit year and the sum total of PILOT Benefit abatement amount for the term of the PILOT as depicted under the heading "Real Property Tax Benefit (Detailed)" of the Application.

Sales and Use Tax:

Estimated value of Sales Tax exemption for facility construction:
\$ 0 X .08125 = \$ _____

(Amount of Project Cost Subject to Tax X Sales Tax Rate = Total)

Estimated Sales Tax exemption for fixtures and equipment:
\$ 1,887,500 X .08125 = \$ 153,359.37

(Amount of Project Cost Subject to Tax X Sales Tax Rate = Total)

Estimated duration of Sales Tax exemption: 153,359.37
***Should coincide with construction timeline.*

Mortgage Recording Tax Exemption Benefit:

Estimated value of Mortgage: \$ 3,060,000

Estimated value of Mortgage Recording Tax exemption:

\$ 3060000 X .0075 = \$ 22,950

(Projected Amount of Mortgage X Mortgage Recording Tax = Total)

Tax-Exempt/ Taxable Revenue Bond Benefit:

Amount of Bonds, if requested: \$ 0

Is a purchaser for the Bonds in place?

Yes or No

Percentage of Project Costs financed from Public Sector sources:

Agency staff will calculate the percentage of Project Costs financed from Public Sector sources based upon Sources of Funds for Project Costs as depicted above under the heading "Estimated Project Costs" (Section II(I)) of the Application.

C.) Likelihood of Undertaking Project without Receiving Financial Assistance

Please confirm by checking the box below, will this project move forward without the requested incentives?

Yes or No

If the Project will be undertaken without Financial Assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be given economic incentives by the Agency:

If the assistance is not granted the Project would be left without the sufficient capital resources necessary to operate or expand to its full capabilities. If assistance is not granted the expansion as outlined will not happen and some job numbers would have to be revised downward.

IV. EMPLOYMENT PLAN

A) Current Employee Headcount:

	Current # of jobs at proposed project location or to be relocated to project location	IF FINANCIAL ASSISTANCE IS GRANTED - project the number of FTE and PTE jobs to be RETAINED	IF FINANCIAL ASSISTANCE IS GRANTED - project the number of FTE and PTE jobs to be CREATED upon THREE Years after Project completion	Estimate number of residents of the Labor Market Area in which the Project is located that will fill the FTE and PTE jobs to be created upon THREE Years after Project Completion **
Full time (FTE)	0	0	46	20-30
Part Time (PTE)	0	0		
Total	0	0	46	20-30

Full-time Employee Definition: (i) a full-time, permanent, private-sector employee on the Company's payroll, who has worked at the Project Location for a minimum of 35 hours per week for more than six months of a year and who is entitled to receive the usual and customary fringe benefits extended by Recipient to other employees with comparable rank and duties; or (ii) two part-time, permanent, private sector employees on Recipient's payroll, who have worked at the Project Location for a combined minimum of 35 hours per week for more than six months of a year and who are entitled to receive the usual and customary fringe benefits extended by Recipient to other employees with comparable rank and duties.

**For the purposes of this question, please estimate the number of FTE and PTE jobs that will be filled, as indicated in the third column, by residents of the Labor Market Area, in the fourth column. The Labor Market Area includes Orange County and the surrounding region (or six other contiguous counties, including Orange County, chosen at the Agency's discretion).

B) Salary and Fringe Benefits for Jobs to be Created:

Category of Jobs to be Created	Number of Jobs Year 1	Number of Jobs Year 2	Number of Jobs Year 3	Average Salary or Salary Range	Average Fringe Benefit or Range of Fringe Benefits
Management	2	1		\$133,333	\$20,000
Professional					
Administrative					
Sales					
Production/ Manufacturing	6	10	18	\$29,744	\$4,462
Independent Contractor					
Other (specify)	Drivers -9			\$62,400	\$9,360

If there is a salary range larger than \$20,000 in a category above information below:

The average salary for a warehouse employee is \$30,368, employee is \$29,120, and for a Driver is 62,400. The average is \$133,333.

**Please attach breakdown if space provided is not sufficient.

C) Salary and Fringe Benefits for Jobs to be Retained:

Category of Jobs to be Retained	Current Number of Jobs	Average Range
Management		
Professional		
Administrative		
Sales		
Production/ Manufacturing		
Independent Contractor		
Other (specify)		

If there is a salary range larger than \$20,000 in a category above information below:

N/A

**Please attach breakdown if space provided is not sufficient.

If there is a salary range larger than \$20,000 in a category above please provide additional breakdown information below:

The average salary for a warehouse employee is \$30,368. The average salary for a production employee is \$29,120, and for a Driver is 62,400. The average salary for the management level is \$133,333.

**Please attach breakdown if space provided is not sufficient.

C) Salary and Fringe Benefits for Jobs to be Retained:

Category of Jobs to be Retained	Current Number of Jobs	Average Salary or Salary Range	Average Fringe Benefit or Range of Fringe Benefits
Management			
Professional			
Administrative			
Sales			
Production/ Manufacturing			
Independent Contractor			
Other (specify)			

If there is a salary range larger than \$20,000 in a category above please provide additional breakdown information below:

N/A

**Please attach breakdown if space provided is not sufficient.

D) Please attach a projected hiring plan if conducted on a monthly time frame and not conducted on an annual basis as broken down in the charts above.

E) Describe the benefits or benefits package offered to employees:

The employees will receive a comprehensive package based on position, experience and qualifications.

**Please attach narrative if space provided is not sufficient.

F) Describe internal training and advancement opportunities offered to employees:

Employee Training programs and advancement policies will be determined based on employee's position, experience and qualifications.

**Please attach narrative if space provided is not sufficient.

V. REPRESENTATIONS BY THE APPLICANT

The Applicant understands and agrees with the Agency as follows:

- A. Job Listings In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the proposed project must be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entitle") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JPTA") in which the project is located.
- B. First Consideration for Employment In accordance with Section 858-b(2) of the General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the applicant must first consider persons eligible to participate in JTPA programs who shall be referred by the JPTA Entities for new employment opportunities created as a result of the proposed project.
- C. A liability and contract liability policy for a minimum of three million dollars will be furnished by the Applicant insuring the Agency.
- D. Annual Sales Tax Filings In accordance with Section 874(8) of the General Municipal Law, the Applicant understands and agrees that, if the proposed project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the applicant and all consultants or subcontractors retained by the Applicant.
- E. Annual Employment Reports: The applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, the applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site. The applicant will receive a request for information in the fourth quarter of each year that Financial Assistance is utilized and agrees to return the information by the end of January the following year.
- F. Compliance with N.Y. GML Sec. 862(1): Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project:

§ 862. Restrictions on funds of the agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant located within the state, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.

- G. Compliance with Applicable Laws: The Applicant confirms and acknowledges that the owner, occupant, or operator receiving Financial Assistance for the proposed Project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.
- H. False and Misleading Information: The Applicant confirms and acknowledges that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any

Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemption claimed by reason of the Agency's involvement the Project.

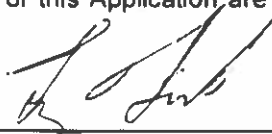
- I. **Recapture:** Should the Applicant not expend, hire as presented, or violates Sales Tax Exemption regulations, the Agency may view such information/status as failing to meet the established standards of economic performance. In such events, some or all of the benefits taken by the Applicant will be subject to recapture.
- J. **Rescission of Benefits Conferred:** Applicant understands and agrees that in the event that (a) the Applicant does not proceed to final Agency approval within six (6) months of the date the Agency adopts its initial approval resolution and/or (b) close with the Agency on the requested financial assistance within twelve (12) months of the date the Agency adopts its initial resolution, the Agency reserves its right to rescind and cancel all prior approvals. In the event the Agency rescinds its approvals and the Applicant re-applies to the Agency, the Applicant understands and agrees that its re-application will be subject to any and all changes in law, Agency policies or fees imposed by the Agency that are in effect as of the date of re-application.
- K. **Absence of Conflicts of Interest:** The applicant has received from the Agency a list of the members, officers, and employees of the Agency. No member, officers or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:
- L. **Freedom of Information Law (FOIL):** The applicant acknowledges that the OCIDA is subject to New York State's Freedom of Information Law (FOIL). Applicants understand that all project information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.

The Applicant and the individual executing this Application on behalf of applicant acknowledge that the Agency and its counsel will rely on the representations made in this Application when acting hereon and hereby represents that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

STATE OF NEW YORK)
COUNTY OF ORANGE) ss.:

Tzvi Dov Freund, being first duly sworn, deposes and says:

- 1. That I am the Partner (Corporate Office) of 13th Avenue Fish Market, Inc (Applicant) and that I am duly authorized on behalf of the Applicant to bind the Applicant.
- 2. That I have read the attached Application, I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete.



(Signature of Officer)

Subscribed and affirmed to me under penalties of perjury
this 24th day of October, 2019.

Yochaved Getz

(Notary Public)

YOCHAVED GETZ
NOTARY PUBLIC, State of New York
No. 01625960728
Qualified in Kings County
Commission Expires 07/02/20 23

This Application should be submitted to:

Orange County Industrial Development Agency
c/o Mary Ellen Rogulski, Chairman
Orange County Business Accelerator
4 Crotty Lane, Suite 100
New Windsor, NY 12553.

The Agency will collect an administrative fee at the time of closing.
SEE ATTACHED FEE SCHEDULE

Transaction Counsel
RUSSELL GAENZLE, ESQ.
Harris Beach PLLC
99 Garnsey Road
Pittsford, New York 14534
Tel: (585) 419-8633
Fax: (585) 419-8817



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HOLD HARMLESS AGREEMENT

Applicant hereby releases the ORANGE COUNTY INDUSTRIAL DEVELOPMENT AGENCY and the members, officers, servants, agents and employees thereof (the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by (A) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the Application or the Project described therein or the tax exemptions and other assistance requested therein are favorably acted upon by the Agency, (B) the Agency's acquisition, construction and/or installation of the Project described therein and (C) any further action taken by the Agency with respect to the Project; including without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, within a reasonable or specified period of time, to take reasonable, proper or requested action, or withdraws, abandons, cancels or neglects the Application, or if the Agency or the Applicant are unable to reach final agreement with respect to the Project, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all costs incurred by the Agency in processing of the Application, including attorneys' fees, if any.

(Applicant Signature)

By: Teri Dvir Freund

Name: Teri Dvir Freund

Title: Partner

Yochaved Getz
(Notary Public)

~~Sworn~~ ^{Affirmed} to before me this 24th day
of October, 2019

YOCHEVED GETZ
NOTARY PUBLIC, State of New York
No. 01GE6060728
Qualified in Kings County
Commission Expires 07/02/2023



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To be completed/calculated by AGENCY

Real Property Tax Benefits (Detailed):

** This section of this Application will be: (i) completed by IDA Staff based upon information contained within the Application, and (ii) provided to the Applicant for ultimate inclusion as part of this completed Application.

PILOT Estimate Table Worksheet

Dollar Value of New Construction and Renovation Costs	Estimated New Assessed Value of Property Subject to IDA*	County Tax Rate/1000	Local Tax Rate (Town/City/Village)/1000	School Tax Rate/1000

*Apply equalization rate to value

PILOT Year	% Payment	County PILOT Amount	Local PILOT Amount	School PILOT Amount	Total PILOT	Full Tax Payment w/o PILOT	Net Exemption
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
TOTAL							

*Estimates provided are based on current property tax rates and assessment values

Cost Benefit Analysis:

To be completed/calculated by AGENCY

	<u>Costs =</u> <u>Financial Assistance</u>	<u>Benefits =</u> <u>Economic Development</u>
*Estimated Sales Tax Exemption	\$ _____	New Jobs Created Permanent _____ Temporary _____
		Existing Jobs Retained Permanent _____ Temporary _____
Estimated Mortgage Tax Exemption	\$ _____	Expected Yearly Payroll \$ _____
Estimated Property Tax Abatement	\$ _____	Expected Gross Receipts \$ _____
		Additional Revenues to School Districts _____ _____ _____
		Additional Revenues to Municipalities _____ _____ _____
		Other Benefits _____
Estimated Interest Savings IRB Issue	\$ _____	Private Funds invested \$ _____
		Likelihood of accomplishing proposed project within three (3) years <input type="checkbox"/> Likely or <input type="checkbox"/> Unlikely

* Estimated Value of Goods and Services to be exempt from sales and use tax as a result of the Agency's involvement in the Project. PLEASE NOTE These amounts will be verified and there is a potential for a recapture of sales tax exemptions (see "Recapture" on page 10).

\$ _____ (to be used on the NYS ST-60)



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Fill out when instructed by Agency

RETAIL QUESTIONNAIRE

To ensure compliance with Section 862 of the New York General Municipal Law, the Agency requires additional information if the proposed Project is one where customers personally visit the Project site to undertake either a retail sale transaction or purchase services.

- A) Will any portion of the Project consist of facilities or property that will be primarily used in making sales of goods or services to customers who personally visit the Project site? Yes No

- B) What percentage of the cost of the Project will be expended on such facilities or property primarily used in making sales of goods or services to customers who personally visit the Project? _____ %

- C) Is the Project location or facility likely to attract a significant number of visitors from outside the Mid-Hudson Economic Development Region (i.e.: Orange, Dutchess, Putnam, Rockland, Sullivan, Ulster, and Westchester counties)? Yes No

- D) Will the Project make available goods or services which are not currently reasonably accessible to the residents of the municipality within which the proposed Project would be located? Yes No

- E) Will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York? Yes No

If yes, explain:

**Please attach narrative if space provided is not sufficient.

- F) Will the Project be located in an area designated as an economic development zone pursuant to Article 18-B of the General Municipal Law (Source: <https://esd.ny.gov/empire-zones-program>)? Yes No

If yes, explain:

****Please attach narrative if space provided is not sufficient.**

- G) Will the Project be in a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most recent census data, has (i) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates? (Source: United States Census Bureau <https://factfinder.census.gov/>)

Yes No

If yes, explain:

****Please attach narrative if space provided is not sufficient.**



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FEE SCHEDULE

Application Fee:

\$5,000 non-refundable, due at application, broken down as follows:

IDA Administrative Fee: \$2,500

IDA Transaction Counsel Fee: \$2,500

Labor Policy Monitoring Fee (based on project cost):

This fee will be deposited into a non-interest bearing escrow account and will fund the ongoing audit of Labor Policy compliance throughout construction. Any unused funds on deposit with the IDA will be returned to the company upon project completion.

Projects less than \$5M:	\$5,000.00
Projects greater than \$5M but less than \$15M:	\$10,000.00
Projects greater than \$15M but less than \$25M:	\$20,000.00
Projects greater than \$25M but less than \$50M:	\$30,000.00
Projects greater than \$50M but less than \$100M:	\$45,000.00
Projects greater than \$100M but less than \$500M:	\$55,000.00
Projects greater than \$500M:	To be determined

Closing Fee:

IDA Fee

***Per OCIDA scoring criteria See Attached*

Manufacturing Sector

1% of the first \$2,000,000 of the project cost (as identified on page 12 of this application), plus .5% of amount above that, due at closing (total project cost includes land acquisition costs).*

Distribution/Warehouse Sector

1% of the project cost (as identified on page 12 of this application), due at closing (total project cost includes land acquisition costs).*

Retail Sector - Stores

485B: 2% of the first \$2,000,000 of the project cost (as identified on page 12 of this application), plus 1% of amount above that, due at closing (total project cost includes land acquisition costs).*

Retail Sector – Back Office/Medical

10 year PILOT: 1% of the project cost (as identified on page 12 of this application), due at closing (total project cost includes land acquisition costs).*

Hotel Sector (Per Scoring Criteria)

10 year PILOT: 1% of the project cost (as identified on page 12 of this application), due at closing (total project cost includes land acquisition costs).*

4 year PILOT: 1% of the project cost (as identified on page 12 of this application), due at closing (total project cost includes land acquisition costs).*

Tourism Sector

\$0-\$30M Capital Cost: 1% of the project cost (as identified on page 12 of this application), due at closing (total project cost includes land acquisition costs).*

\$30-\$100M Capital Cost: .75% of the project cost (as identified on page 12 of this application), due at closing (total project cost includes land acquisition costs).*

Over \$100M Capital Cost: .50% of the project cost (as identified on page 12 of this application), due at closing (total project cost includes land acquisition costs).*

“Special Projects”

TBD per project

IDA Transaction Counsel Fee:

One-third (1/3) of IDA fee (minimum of \$30,000 – to be reduced for smaller projects on case by case basis - plus out of pocket expenditures).

Local Labor Policy Monitoring:

The IDA will use a third-party firm or firms to monitor compliance with the Local Labor Policy (attached hereto). All costs incurred by the IDA in connection with such monitoring, should they exceed the amount collected at application, shall be the responsibility of the Company.

NOTE: IDA reserves the right to seek additional IDA and Transaction Counsel fees for exceptionally complex/large transactions.

Please make all Checks payable to:

Orange County Industrial Development Agency

Mail to:
4 Crotty Lane
New Windsor, NY 12553

*In the event that an applicant does not seek or does not qualify for an OCIDA PILOT or the equivalent of the State's 485-b program, the fee will be a straight one-half percent (0.5%) of the project cost.

The OCIDA Fee Schedule is the standard used when calculating all project fees. These fees are not open for negotiation. Please initial stating you understand and consent to the above *JP*

Closing Fee:

Please be advised should the Orange County IDA act to adopt the Final Resolution for your project a fee will be due at closing.

If at any time the project costs change prior to the Final Resolution, please inform management immediately for closing fee recalculation purposes.

Please initial stating you understand the foregoing, have provided accurate project costs, and consent to the estimated closing fee provided above *JP*



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PROJECT SCORING CRITERIA

To be completed/calculated by AGENCY

Project Name: 360 Middletown Holdings, LLC

Score:

1. Strategic Vision (0 OR 5)*: 5

- a. Does the project fit into preferred industry categories (manufacturing, industrial, medical, office, tourism)?
- b. Capitalizes upon un-or-under-employed, available talent pool?

2. Ratable Value (Capital Expenditure) (0 – 5): 1

- a. Investment in property resulting in increased ratables in municipality.
- b. Utilizes brownfield or otherwise “undesirable” parcel
- c. Return non-taxable property tax rolls
- d. “Brownfield remediation” would receive a 5

3. Number of Jobs (1 – 5): 3

- a. NOT sliding scale; relative to industry

4. Quality of Jobs (0 – 5): 0

- a. Defined as
- 0 = ANY jobs at minimum wage
- 1 = ALL jobs over \$15/hour
- 2 = 25% over \$25/hr plus benefits
- 3 = 50% over \$25/hr plus benefits
- 4 = 75% over \$25/hr plus benefits
- 5 = ALL jobs over \$25/hr plus benefits

5. Location (1 OR 5): 1

- a. 1 = In Orange County
- b. 5 = Designated growth zone, as identified by IDA (ex. Port Jervis, Highland Falls)

6. Desirability (0 – 5)*:

2

- a. Does the project have local political support?
 - i. Support letter from Supervisor/Mayor
- b. Is there favor, locally, for the project?
- c. Is the project remediating a brownfield or repurposing a zombie property?
- d. Is the parcel located in federally distressed area?
- e. Has project construction already begun?

TOTAL

12

** Speculative Buildings - identified as a project built with no end-user committed - results in an automatic 0 in these categories*

2-10 - Low/No PILOT

11-20 - Medium/Sector-based PILOT

21-30 - High/Qualifies for "Goliath" PILOT

Notes:



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LABOR POLICY

Adopted 01-12-17

The Orange County Industrial Development Agency (IDA) was established for the purpose of creating employment opportunities for, and to promote the general prosperity and economic welfare of the residents of Orange County. The IDA offers economic incentives and benefits to qualified applicants who wish to locate or expand their businesses or facilities in Orange County. When the IDA approves a project, it enters into agreements to extend these incentives and benefits to the applicant.

Construction jobs, though limited in time duration, are vital to the overall employment opportunities and economic growth in Orange County. The IDA believes that companies benefiting from its incentive programs should employ local laborers, mechanics, craft persons, journey workers, equipment operators, truck drivers and apprentices (hereinafter "construction workers"), including those who have returned from military service, during the construction phase of projects. In this way, the IDA can generate significant benefits to advance the County's general prosperity. It is, therefore, the policy of the IDA that firms benefiting from its programs shall employ workers from Orange County and the "local labor" market during all project phases, including the construction phase.

For the purpose of this policy, the "local labor" market for construction workers shall be defined as those individuals living in Orange, Ulster, Sullivan, Dutchess, Putnam, Rockland and Westchester Counties. Applicants receiving IDA benefits shall ensure the contractor/developer hire at least 85% from the "local labor" market for their approved projects. The 85% shall be by contractor and in total at the time of completion of the project. The contractor/developer is mandated to keep daily log sheets of all field workers, commencing on the date of application. Any work performed after application shall be included in the determination of overall compliance with the 85% hiring requirements of this policy. A third-party auditing firm will be engaged to monitor construction work commencing on the date benefits are granted by resolution of the IDA Board.

However, the IDA recognizes that the use of local labor may not be possible for the following reasons and the applicant may request an exemption on a particular contract or trade scope for the following reasons:

1. Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers;
2. Specialized construction is required and no local contractors or local construction workers have the required skills, certifications or training to perform the work;
3. Cost Differentials:
 - a. For projects whose project cost exceeds \$15M, significant cost differentials in bid prices whereby the use of local labor and materials significantly increases the sub contract or contract of a particular trade or work scope by at least 20%. Every reasonable effort should be made by the applicant and or the applicant's contractor to get below the 20% cost differential including, but not limited to, communicating and meeting with local construction

- trade organizations, such as the Hudson Valley Building and Construction Trades Council and other local Contractor Associations;
- b. For projects whose project cost is less than \$15M, significant cost differentials in bid prices whereby the use of local labor and materials significantly increases the sub contract or contract of a particular trade or work scope by 10% or more. Every reasonable effort should be made by the applicant and or the applicant's contractor to get below the 10% cost differential including, but not limited to, communicating and meeting with local construction trade organizations, such as the Hudson Valley Building and Construction Trades Council and other local Contractor Associations;
4. No labor is available for the project; and
 5. The contractor requires key or core persons such as supervisors, foreman or "construction workers" having special skills that are not available in the "local labor" market.

The request to secure an exemption for the use of non-local labor must be received from the applicant on the exemption form provided by the IDA or the 3rd party monitor and received in advance of work commencing. The request will be reviewed by the 3rd party monitor and forwarded to the IDA, at which time the IDA's Audit Committee shall have the authority to approve or disapprove the exemption. The 3rd party monitor shall report each authorized exemption to the Board of Directors at its monthly meeting.

In addition, applicants receiving IDA benefits and Contractors on the project shall make every reasonable effort to utilize vendors, material suppliers, subcontractors and professional services from Orange County and the surrounding counties. Applicants and contractors shall be required to keep records of those local vendors, material suppliers, contractors and professional services whom they have solicited and with whom they have contracted with or awarded. This shall be stored in a binder on site and shall be easily available for review by an authorized representative of the IDA, such as the IDA's 3rd party monitor. It shall include any documents for solicitation and contracts. It is the goal of the County of Orange and the IDA to promote the use of local veterans on projects receiving IDA benefits. By partnering with local contractors, local contractor groups, local trade unions and contractors awarded work on IDA projects, there are opportunities for veterans to gain both short-term and long-term careers in the construction industry.

Once approved for IDA benefits, all applicants will be required to provide to IDA staff the following information:

1. Contact information for the applicant's representative who will be responsible and accountable for providing information about the bidding and awarding of construction contracts relative to the applicant's project;
2. Description of the nature of construction jobs created by the project, including in as much detail as possible, the number, type and duration of construction positions;
3. The names, contact information, certificate of authorization to do business in the State of New York and copies of current Certificates of NYS Workers' Compensation Insurance, NYS Disability Insurance, General Liability Insurance and proof of current OSHA training certification from all contractors' employees performing work on the site; and
4. A Construction Completion Report listing the names and business locations of prime contractors, subcontractors and vendors who have been engaged in the construction phase of the project.

All Orange County IDA projects are subject to local monitoring by the IDA and any 3rd party monitor. The applicant and/or the Construction Manager or General Contractor acting as agent for the applicant on the project, shall keep a log book on site detailing the number of workers, hours worked and counties and states in which they reside. Proof of residency or copy of drivers' license shall be included in the log book, along with evidence of necessary OSHA certifications. Reports will be on forms provided by the IDA or weekly payroll reports which contain the same information as required on the IDA issued form. The applicant and contractors are subject to periodic inspection or monitoring by the IDA or 3rd party monitor.

The 3rd party monitor shall issue a report to the IDA staff immediately when an applicant or applicant's contractor is not in compliance with this labor policy. IDA staff shall advise the Audit Committee and/or IDA Board of non-compliance by email or at the next scheduled meeting. If a violation of policy has occurred, IDA staff shall notify the applicant and contractor in writing of non-compliance and give applicant a warning of violation and 72 hours in which to correct such violation. Upon evidence of continued non-compliance or additional violations, the IDA and/or its 3rd party monitor shall notify the applicant that the project is in violation of the Orange County IDA Labor Policy and is subject to IDA Board action which may result in the revocation, termination and/or recapture of any or all benefits conferred by the IDA.

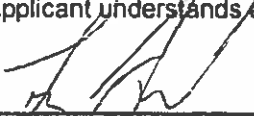
The IDA will use a third party firm or firms to monitor and audit compliance with this local labor policy, the cost of which shall be paid for by the Company in advance of the audits and held in a non-interest bearing escrow account until audits are complete.

The applicant of an IDA approved project shall be required to maintain a 4' X 8' bulletin board on the project site containing the following information:

1. Contact information of the applicant;
2. Summary of the IDA benefits received;
3. Contractors names and contact information on IDA provided form;
4. Copies of proof of exemption from labor policy;
5. Copies of any warnings or violations of policy;
6. Copy of the Executed Labor Policy.

The bulletin board shall be located in an area that is accessible to onsite workers and visitors, which should be clear and legible at least 10 feet from said board.

The applicant has read the OCIDA Labor Policy and agrees to adhere to it without changes and shall require its construction manager, general contractor and sub-contractors who are not exempt to acknowledge the same. The Applicant understands and agrees that it is responsible for all third-party auditing and monitoring costs.

 _____ Applicant-Signature	<u>TBO</u> _____ Signature of CM, GC or SC
<u>13th Avenue Fish Market Inc.</u> _____ Company Name	_____ Company Name
<u>Tzu Or Freund</u> _____ Print Name of above signer	_____ Print Name of above signer
<u>917-923-8488</u> _____ Email/phone of Applicant	_____ Email/phone of CM/GC/SC
<u>10/24/18</u> _____ Date	_____ Date

COMPANY OVERVIEW

This narrative describes the history and development of 13th Avenue Fish Market d/b/a Freund's Fish Market and conveys the details of its proposed purchase and expansion of its business and facilities.

History:

Sigmund Freund was an enterprising new immigrant who had fled from war-torn Europe and was determined to build a new life. In 1949 he bought a small fish store on 15th Avenue in Brooklyn and three generations later his family still runs the company from its original location. Freund's Fish Market has expanded beyond all expectations and has earned an influential and respected place in the industry as an exporter, importer, and distributor of high-quality fish products across America and internationally. Freund's Fish Market has become the largest kosher distributor of fresh and frozen fish and sushi products in the United States and abroad, with sales in New York, New Jersey, Connecticut, Pennsylvania, Florida, California, Chicago, the UK, Australia and more.

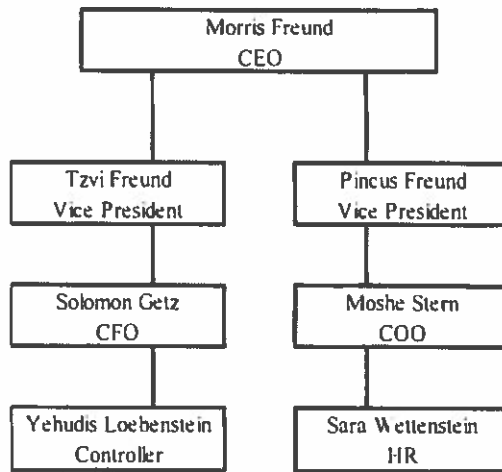
Locations:

The company operates from its original location, having expanded into neighboring premises. Production takes place at its two 15th Avenue locations where fish is received, handled and processed, and delivery is organized. This location also sells appetizing and provides catering services. The company's other site - which goes under the name 'Sushi Maven' - sells and supplies sushi products. The company also maintains private and public warehousing space amounting to 24,000 square feet. The Brooklyn, N.Y. warehouse uses an estimated 15,000 square feet, and the company utilizes over 7,000 square feet in freezer space.

Ownership Structure:

Mr. Morris Freund is Chief Executive Officer of 13th Avenue Fish Market and holds a 50% membership interest in the Company. Mr. Tzvi Freund and Mr. Pinchas Freund each hold a 25% ownership interest in the company. All three individuals devote their business day to the company on a full-time basis. Solomon Getz is the Company's Chief Financial Officer and contact person and can be reached at 718-517-8511, Ext 209. Sushi Maven is a subsidiary of Freund's Fish Market, Inc.

Please refer to the organizational chart below:



Product:

Freund's Fish Market imports its products from France, Alaska, the Netherlands, Scotland, Norway, Chile, and China. Its product list includes fresh and frozen fish for retail and commercial consumers. Fish may be sold whole, cut to specification, raw or processed (breaded, filleted) and packaged. This includes fresh sushi-grade fish and all related sushi ingredients, including rice vinegar, Tempura powder, sesame seeds, wasabi powder, ginger, surimi sticks, nori sheets, bamboo mats, seaweed salad and sushi packaging products. The company has an appetizing department that sells, among other products, superior quality imported smoked halibut, smoked Chilean bass and smoked Norwegian salmon. Grilled fish is available for sale and local delivery, and a Company employed professional chef creates ready-to-bake dishes for retail sale. This product is raw, pre-seasoned and spiced, ready for at-home preparation. The company produces and stocks over thirty types of seasonings and marinates and sells over fifty varieties of dips and salads, and over forty flavored herrings. Customers enjoy the horizontal synergy of the company. The consumer can access products from among the company's broad array of products and services and consider it a one-source provider for all their needs.

Competitive Advantage:

The company imports directly from fisheries and farms. Because of its economy of scale, it has established connections around the world that provides it with the freshest and highest quality fish. Most buyers in this industry make their purchases from a third party (i.e., commercial fish markets). Freund's Fish Market has the broadest range of suppliers in the kosher industry and buys directly from farms and fisheries, which provides the company with its competitive edge in timing, quality, access and cost.

Freund's Fish Market only buys from approved and certified sources. Company personnel makes periodic visits to supplier factories to maintain contacts and review quality control. Because the

company is so vast and well connected, it enjoys a strategic relationship with its suppliers, and its suppliers are familiar with the company's broad needs and will even put away product in anticipation of their orders.

Quality Control:

The company receives its orders from suppliers within the week of harvest. That means if a purchase order is put in on a Tuesday, the fish is caught and harvested on that Friday and delivered to the company on the following Saturday night or Sunday. The order is received before regular markets open for business on Monday morning. The company operates around the clock and works through legal holidays. This incredibly fast turn-around ensures that only the freshest products are offered to the customer with regularity and consistency. The company buys directly from farms and fisheries, without an intermediary, which guarantees its control of the quality of the products purchased.

The company maintains full compliance with all applicable local, state and federal regulations, including 21 CFR Part 123 (seafood HACCP). To that end, they conduct hazard analysis on all products produced, stored, and distributed in their facility and operate under a food safety system that is adequate to control all food safety hazards that are reasonably likely to occur with these product lines. All fish purchased that have a parasite potential are frozen before shipping according to parameters outlined in the United States Food & Drug Administration's Fish & Fisheries Products Hazards & Controls Guidance: Fourth Edition, Table #3-1, which identifies the minimum freezing and storage temperature and minimum total freezing time allowed. These guidelines also include checking for the proper temperature at the receipt, monitoring cold storage temperature, and using an adequate amount of ice during transport.

The company's experience in the industry and its qualified staff uses the most effective and efficient techniques to cut the 'meat' of the various fish, providing a product that is both superior and profitable. Additionally, because the company is strictly kosher, it adheres to an even higher standard of cleanliness, freshness, and quality. It utilizes monitoring systems above those required by law and employs personnel whose sole purpose is to inspect the product for damage and parasites.

Service and Sales:

Customer orders are customized to their specific needs. The company has a broad customer base which includes restaurants, bars, nursing homes, hospitals, schools and retail stores. All require different and specific cuts, quantities and preparation. Customers can access all their needs from the company's many divisions – fresh fish, frozen fish, sushi products, smoked fish, catering needs, specialty dishes and menus, and prepared products. The sushi division opened in 2006 and this product line includes seaweed, tempura flour, sesame, sriracha and other sauces. Frozen fish

varieties include tuna, snapper, Chilean sea bass, etc. Some fish is breaded, spiced or filleted and then frozen and packaged for sale. Inventory is usually sold within three days of receipt.

Operations:

Inventory is ordered a week in advance. The company's experience and its history of customer satisfaction ensure that appropriate quantities are ordered. The products are trucked in from farms, fisheries, ports or airports and brought to the 15th Avenue locations. Fresh fish is packed in ice, while frozen fish arrives entirely frozen in suppliers' temperature-controlled trucks. The receiving department inspects the fish, separating products of inferior quality to be returned to its vendors. The packaging is inspected, additional ice is applied as necessary.

When the product arrives, it is assessed and separated, and the sushi grade fish is removed and sent to a separate facility. Fish appropriate for sushi has distinct characteristics that ensure its quality. They are larger and can be cut in long, high cuts. The fish is inspected for sea lice, pesticides, and other parasites. Then it is cleaned and scaled. It is then subject to a second inspection by a dedicated inspector familiar with the laws of Kosher. After the fish is clean and has cleared inspection, it moves to the Fillet Table where the processor will cut, skin or fillet the fish according to customer specification. The packaging department seals the fish in hygienic Styrofoam packaging, with proper labeling and handling instructions. The packaged fish is boxed in ice and sent to the Shipping Department.

Shipping and Delivery:

The shipping department develops routes to ensure that the fish arrives at its destination as quickly as possible. Boxes are counted and sorted for delivery; dated labels are affixed. A FIFO (first in, first out) system is implemented to ensure freshness. The company runs a fleet of 20-25 refrigerated vehicles used for delivery.

Deliveries are made locally at a minimum of 3-5 times a day, out of state deliveries within the Tristate area are delivered by truck once a day. Out of state deliveries that must be shipped are sent out via common carrier. The company provides a 24-hour deli service with delivery in the Tristate area. Delivery vehicles have GPS trackers, so the shipping department can monitor their progress and connect with drivers to ensure full efficiency in transit.

PROPOSED EXPANSION

Freund's Fish Market is seeking to expand its production line and its scope of distribution. The company plans to implement this expansion in six phases over a five-year period, subject to financing availability, economic influences or management decisions that may result thereof. Based upon debt and equity financing opportunities and economic factors, company management

will weigh the allocation of finances toward capital investments in property and equipment, and human resources and employment.

Accordingly, the company plans to purchase an additional facility to be located in either New Jersey or Middletown, NY. The cost for the new facility is estimated at **\$3.4 million**. The new facility will enable the six phased expansion in the following areas:

Phase I - Sushi Maven

Sushi Maven is a subsidiary of Freund's Fish Market. It is a wholesale vender of kosher Japanese foodstuffs and food products. Its product line includes frozen seafood, soy sauce, sushi wrappers, nori, pickled products, wasabi, miso and tofu, frozen vegetables, sauces, oil & vinegar, sushi rice & noodles, tempura, sesame seeds and panko, sushi containers and other accessories. Extending the company's facilities will allow for expanded warehousing, shipping and receiving capabilities and will facilitate the company's expansion into wider geographic markets.

A total anticipated investment capital expenditure is estimated at **\$750,000**, with an estimated **\$1,098,800** of annual expenses in salaries for 6 warehouse employees, 9 drivers and two additions to the management staff.

Phase II – Raw Fish Production

The raw fish production will enable the facility to process raw fish for distributions. This phase will also enable the implementation of additional phases.

A total anticipated investment capital expenditure is estimated at **\$277,500**, with an estimated **\$312,080** of annual expenses in salaries for 4 warehouse employees, 5 production employees and one addition to management staff.

Phase III - Gefilte Fish Production

Gefilte Fish is an iconic and traditional ethnic food that was first created by Jews of European origin. It has evolved into the quintessential Jewish delicacy and comfort food. Today, commercially made gefilte fish is a ground mixture of deboned fish, such as carp, whitefish, or pike. The mixture is enclosed in a parchment paper casing and formed into a log. The log is frozen, packaged and sold, ready for the consumer to cook at home. Expanded facilities and production will enable the Company to develop distribution opportunities in European and Israeli markets.

A total anticipated investment capital expenditure is estimated at **\$380,000**, with an estimated **\$203,840** in annual personnel costs to cover the addition of 7 production employees.

Phase IV - Kitchen Production

Expanding to a new and larger facility will allow Freund's to make broad enhancements in production and packaging. Investment will be directed towards an upgrade in breading

machinery to expand and streamline the assembly and packaging of breaded food items. Additional breading capabilities will enable the Company to expand its product line into other breaded food items and to expand its range into new markets.

The Company's line of wholesale appetizing products is sold to retail stores and food service companies. This product line includes a variety of fresh Kosher pickles and herring, as well as prepared foods including fish spreads, dips, salads and appetizers. The use of extended facilities will increase production and sales with little cost and minimal investment.

The Company's frozen product line includes popular favorites including tilapia, kani, flounder and pollack. The Company also offers a line of seasoned, breaded fillets that are ready-to-bake and easy to prepare. In addition, the Company prepares and sells a line of fresh-frozen Asian vegetables and sushi products. Frozen food is best packaged using equipment that provides the perfect shelf appearance, enhancing the overall product and ensuring ease of transfer and shipping. Additional packaging equipment will enable the company to expand its product line and secure new markets.

A total anticipated investment capital expenditure for Kitchen Production is estimated at \$480,000, with an estimated \$320,320 in annual personnel costs to cover the addition of 11 production employees.

Expansion Summary

Capital Expenditures

Freund's Fish Market's total cost of investment directed towards its six-phase expansion is estimated to be \$5.3 million.

Cost of New Facility		\$ 3,400,000
Capital Improvements		
Phase I - Sushi Maven	\$ 750,000	
Phase II - Raw Fish Production	\$ 277,500	
Phase III - Gefilte Fish	\$ 380,000	
Phase IV - Kitchen Production	\$ 480,000	
Total Capital Improvements		<u>\$ 1,887,500</u>
Total Capital Expenditures		<u>\$ 5,287,500</u>

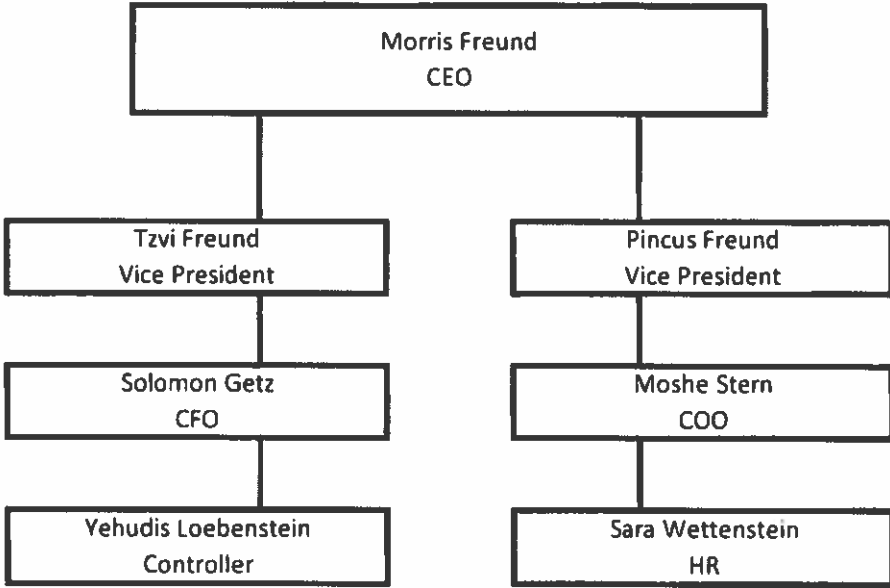
Annual Costs - Personnel

Freund's Fish Market's annual expense for personnel is estimated at \$1.94 million. This expense will support the addition of approximately 11 additional warehouse employees, 23 additional production employees, nine drivers, and three additions to management.

Personnel		
Phase I - Sushi Maven	\$ 1,098,800	
Phase II - Raw Fish Production	\$ 166,480	
Phase III - Gefilte Fish	\$ 203,840	
Phase IV - Kitchen Production	\$ 320,320	
Total Annual Costs - Personnel		<u>\$ 1,789,440</u>

In each phase, it is anticipated that the average percentage of total employees' average annual gross salary paid in benefits, excluding mandated benefits such as FICA, Medicare, unemployment or workers' compensation insurance, will come to 15%.

13th Avenue Fish Market, Inc.
Organizational Chart



**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of 13TH AVENUE FISH MARKET INC. was filed on 06/24/1993, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 04/15/2013.

A Biennial Statement was filed 07/02/2013.

A Biennial Statement was filed 03/17/2016.

A Biennial Statement was filed 12/28/2017.

A Biennial Statement was filed 06/04/2019.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 30th day of August
two thousand and nineteen.*

Brendan C. Hughes

Brendan C. Hughes
Deputy Secretary of State

AGREEMENT

THIS AGREEMENT is entered into as of the _____ day of December, 2019, by and between the Orange County Industrial Development Agency, a Public Benefit Corporation organized under the Laws of the State of New York, with offices at 4 Crotty Lane, New Windsor, New York 12553, hereinafter "the OCIDA" and Loewke Brill Consulting Group, Inc., a New York corporation, with offices at 491 Elmgrove Road, Suite #2, Rochester, New York 14606, hereinafter "LOEWKE."

WITNESSETH:

WHEREAS, the OCIDA provides tax incentives designed to attract, expand or retain qualified businesses in Orange County thereby increasing economic development and creating employment opportunities for its residents; and

WHEREAS, the OCIDA has instituted a Local Labor Policy that requires recipients of OCIDA benefits to employ local labor during the construction phase of a project; and

WHEREAS, the OCIDA determined that it needed expert technical assistance in monitoring construction projects relative to compliance with its Local Labor Policy; and

WHEREAS, LOEWKE has the knowledge, capability and experience to provide such services to the OCIDA and has submitted a written proposal for providing such services which proposal was approved by the OCIDA Board of Directors; and

WHEREAS, the parties hereto wish to memorialize their understanding as set forth herein.

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

SECTION 1: TERMS

- A. The OCIDA agrees to retain the services of LOEWKE to assist the OCIDA in monitoring adherence to the OCIDA's Local Labor Policy (Exhibit "A") for construction projects that have received OCIDA benefits.
- B. The OCIDA will assign specific projects on a case by case basis (Exhibit "B") to LOEWKE and will provide LOEWKE with the necessary project information sufficient for LOEWKE to carry out its responsibilities hereunder.

- C. LOEWKE represents that it has the knowledge and experience to perform the services to be rendered and further represents that it shall use its best efforts to perform said services to the satisfaction of the OCIDA.
- D. LOEWKE will provide appropriate personnel to monitor each assigned project and will be compensated according to the Schedule of Fees submitted by LOEWKE as part of its proposal to OCIDA (Exhibit "C").
- E. OCIDA expects LOEWKE to monitor assigned projects on a monthly basis or more frequently if it is determined that the project is not in compliance with the Local Labor Policy.
- F. LOEWKE agrees to file reports with OCIDA within ten to fourteen (10-14) calendar days of each monthly inspection.
- G. The OCIDA and LOEWKE have the mutual option to terminate this Agreement upon ten (10) days written notice. LOEWKE shall be compensated for all work performed up to and including the specified termination date.
- H. LOEWKE agrees to procure and maintain NYS worker's compensation and NYS disability insurance and comprehensive liability insurance (including contractual and contractor's protective liability coverage) with combined single limits of \$1,000,000 per occurrence for bodily injury and property damage, automobile liability coverage including owned and hired vehicles with a combined single limit of \$1,000,000 per occurrence for bodily injury and property damage and professional liability insurance in the amount of \$1,000,000 per claim. LOEWKE shall name the OCIDA as an additional insured on its liability insurance policy and shall provide evidence of coverage to the OCIDA on all policies prior to performance of any services hereunder.
- I. LOEWKE shall defend, indemnify and hold harmless the OCIDA, its directors, officers, employees and agents from and against all claims, damages, losses, costs and expenses, including reasonable attorney's fees, arising out of or in any manner connected with, the performance of the services to the extent caused by LOEWKE's negligence.
- J. OCIDA shall defend, indemnify and hold harmless LOEWKE, its officers, directors, employees, agents and subcontractors (for the purposes of this agreement "subcontractors" shall mean those persons or entities retained by LOEWKE to perform services related to this agreement) from and against all claims, losses, damages, costs and expenses, including reasonable attorney's fees, arising out of or in any manner connected with, the performance of the services to the extent caused by OCIDA's negligence.
- K. LOEWKE understands and agrees that it is acting as an independent contractor of the OCIDA. This agreement and the relationship of the parties shall not be deemed to create or be one of employment, agency, partnership, joint venture or any other association .

SECTION 2. NOTICES.

Notices pursuant to this Agreement shall be given by deposit into the custody of the United States Postal Service, postage paid, addressed as follows:

(1) OCIDA The Orange County Industrial Development Agency, 4 Crotty Lane, Suite 100, New Windsor, NY 12553

(2) LOEWKE Loewke Brill Consulting Group, Inc, 491 Elmgrove Road, Suite #2, Rochester, NY 14606

Alternatively, notices may be personally served in the same manner as is applicable to civil judicial process. Notice shall be deemed given as of the date of personal service or five (5) days after the date of deposit of such written notice in the course or transmission in the United States Postal Service.

SECTION 3. GENERAL PROVISIONS.

- A. The text herein shall constitute the entire agreement between the parties.
- B. This Agreement may not be assigned by LOEWKE without prior written consent of OCIDA.
- C. This Agreement shall be governed by the laws of the State of New York. Any disputes arising hereunder shall be resolved by the Courts of Orange County, New York.
- D. If any provision, or any portion thereof, contained in this Agreement is held invalid, illegal or unenforceable by a court of competent jurisdiction, the remainder of this Agreement shall be deemed severable, shall not be affected and shall remain in full force and effect.

IN WITNESS WHEREOF, the OCIDA has caused this agreement to be signed and executed on its behalf by its Chief Operating Officer and LOEWKE has caused this agreement to be signed and executed on its behalf by its Principal, both in duplicate, on the day and year first above written.

Orange County IDA

Loewke Brill Consulting Group, Inc.

By: Laurie Villasuso
Chief Operating Officer



By:

Exhibit "A"

Orange County Industrial Development Agency Local Labor Policy

The Orange County Industrial Development Agency (IDA) was created for the purpose of creating employment opportunities for, and to promote the general prosperity and economic welfare of the residents of Orange County. The IDA offers economic incentives and benefits to qualified applicants who wish to locate or expand their businesses or facilities in Orange County. When the IDA approves a project, it enters into agreements to extend these incentives and benefits to the applicant.

Construction jobs, though limited in time duration, are vital to the overall employment opportunities in Orange County. The IDA believes that companies benefiting from its incentive programs should employ local laborers, mechanics, craft persons, journey workers, equipment operators, truck drivers and apprentices (hereinafter "construction workers"), including those who have returned from military service, during the construction phase of projects. In this way, the IDA can generate significant benefits to advance the County's general prosperity. It is, therefore, the policy of the IDA that firms benefiting from its programs shall employ workers in Orange County during all project phases, including the construction phase.

For the purposes of this Policy, the local labor market for construction workers shall be defined as those individuals living in Orange, Ulster, Sullivan, Dutchess, Putnam, Rockland and Westchester Counties. Applicants receiving IDA benefits shall utilize at least 85% local labor for their approved projects. However, the IDA recognizes that the use of local labor may not be possible for the following reasons :

- 1) Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers;
- 2) Specialized construction is required, and no local contractors or local construction workers have the required skills, certifications or training to perform the work;
- 3) Significant cost differentials in bid prices whereby the use of local labor significantly increases the cost of the project. A cost differential of 10% is deemed significant. Every effort should be made by the contractor or applicant to get below the 10% cost differential including, but not limited to, meeting with local construction trade organizations and local contractor associations;
- 4) No local labor is available for the project; and
- 5) The contractor requires the use of key or core persons such as supervisors, foremen, or construction workers having special skills.

The request to secure an exemption for use of non-local labor must be received in writing from the applicant. The request will be reviewed by the Executive Director who shall have the authority to approve or disapprove the request. The Executive Director shall report each authorized exemption to the Board of Directors at its monthly meeting .

In addition, applicants receiving IDA benefits and Contractors on the project shall make every effort to utilize vendors, material suppliers, subcontractors and professional services from Orange County and the surrounding counties. Applicants and contractors shall be required to keep records of those local vendors, material suppliers, contractors and professional services who they have solicited and with whom they have contracted with or awarded.

It is the goal of the County of Orange and the IDA to promote the use of local veterans on projects receiving IDA benefits. By partnering with local contractors, local contractor groups, local trade unions and contractors awarded work on IDA projects there is opportunity for veterans to gain both short term and long-term careers in the construction industry.

Once approved for IDA benefits, all applicants will be required to provide to the IDA's Executive Director the following information:

- 1) Contact information for the applicant's representative who will be responsible and accountable for providing information about the bidding and awarding of construction contracts relative to the application and project;
- 2) Description of the nature of construction jobs created by the project, including in as much detail as possible, the number, type and duration of construction positions;
- 3) The names, contact information, certificate of authorization to do business in the State of New York and copies of current Certificates of NYS Workers' Compensation Insurance, NYS Disability Insurance, General Liability Insurance and proof of current OSHA training certification for all contractors and their employees performing work on the site; and
- 4) A Construction Completion Report listing the names and business locations of prime contractors, subcontractors and vendors who have been engaged in the construction phase of the project.

All Orange County IDA projects are subject to local monitoring by the IDA. The Construction Manager, acting as agent for the applicant, on the project shall keep a log book on site detailing the number of workers on the job for each trade and the counties in which they reside which shall be subject to periodic inspection by the monitoring entity. The monitor shall issue a report to the Executive Director relative to compliance with this labor policy who shall share such information with the IDA Board of Directors. If a violation of the policy has occurred, the Executive Director shall notify the applicant in writing and give such applicant a warning of such violation. In the event there is a subsequent violation of the policy, the Executive Director shall bring such information to the Board of Directors which may, in its discretion, take action to revoke IDA benefits.

The applicant of an IDA approved project shall be required to maintain a 4' x 8' bulletin board on the project site containing the following information:

- 1) Contact information of the applicant;
- 2) Summary of the IDA benefits received; and
- 3) Contractors' names and contact information.

The bulletin board shall be located in an area that is accessible to onsite workers and visitors.

Exhibit "B"

Project Name: 360 Middletown Holdings LLC / 13th Avenue Fish Market

1. Project Location and Description.

360 Crystal Run Road
Middletown, NY 10941

2. Project Contact Information

Solomon Getz
(718)517-8511
sg@freundsfish.com

Audit Contact

Roth and Co.
(718)236-1600
srosenbaum@rothcocpa.com

3. Construction Cost Estimate

Total Capital Cost: \$5,287,500.00

Exhibit "C"

Schedule of Fees

LOEWKE BRILL CONSULTING GROUP, INC

SUMMARY:

Further fee breaks down of original proposal dated May 6, 2016, as requested by OCIDA Director, Ms. Villasuso.

Loewke Brill has assessed a fee base structure for each approved project based on potential project size per inspection to include one-time fees.

Fee based structure based on size of each approved project per inspection.

Per Project/per Inspection fee:

o <5 Million	\$ 315.00
o >5 Million <15 Million	\$ 540.00
o >15 Million <25 Million	\$ 900.00

Additional fees:

Project Set Up/per project	\$ 1,050.00
Monthly Reporting	\$ 1,400.00
o Waiver fee: per waiver	\$ 230.00
o Annual Reporting	\$ 270.00
o Project Close out/per project	\$ 575.00
o Sign age:	
Initial Art work Set Up fee	\$ 250.00
o Signage perunit	\$ 40.00

Note: You could have the potential to exceed the proposal by the number of additional inspections requested on a project.



BOARD OF DIRECTORS

Mary Ellen Rogulski
- CHAIRMAN

Edward A. Diana
- VICE CHAIRMAN

John Steinberg, Jr
- SECOND VICE CHAIRMAN

Stephen Brescia
- SECRETARY

Michael Gaydos
- ASSISTANT SECRETARY

Robert J. Schreibels, Sr.

James DiSalvo

OPERATIONS STAFF

Laurie Villasuso
- CHIEF OPERATING OFFICER &
EXECUTIVE VICE PRESIDENT

Joel Kleiman
- CHIEF FINANCIAL OFFICER

Kevin T. Dowd
- ATTORNEY

December 18, 2019

Solomon Getz
13th Avenue Fish Market, Inc.
4301 15th Ave.
Brooklyn, NY 11219

RE: 360 Middletown Holdings/13th Ave. Fish Market
OCIDA Local Labor Policy Monitoring

Dear Mr. Getz:

The Orange County Industrial Development Agency has engaged the services of Loewke Brill Consulting Group, Inc. of Rochester, NY to provide it with the technical assistance in monitoring compliance with the OCIDA's Local Labor Policy for construction projects that have received OCIDA benefits. In a few short days, you will be receiving an introductory communication from a representative of Loewke Brill requesting preparatory information and documents regarding your construction project in Middletown NY. Thereafter, in the coming weeks, a representative of Loewke Brill will visit the site and will want to meet with members of your construction team and review records of the workers who are or have been involved in the construction of the facility. Loewke Brill will then prepare a report for the OCIDA regarding its evaluation of your compliance with the Local Labor Policy.

The OCIDA expects your company's complete cooperation with Loewke Brill. In addition, the OCIDA expects that you will notify your general contractor that it must cooperate fully with Loewke Brill as well.

On behalf of the OCIDA, I thank you in advance for your anticipated cooperation. If you have any questions, please don't hesitate to reach out to Kelly Reilly at: (845) 220-2208 or email kreilly@ocnyida.com.

Very truly yours,

Laurie Villasuso
Chief Operating Officer &
Executive Vice President

December 23rd, 2019

Mr. Solomon Getz
4301 15th Avenue
Brooklyn, NY 11219

**Re: Upcoming OCIDA Project – 360 Middletown Holdings, LLC /
13th Avenue Fish Market**

Dear Mr Getz:

As you know, our firm has been retained by OCIDA to monitor your project and insure that all local labor requirements are met. We will regularly be in contact with you (or whomever you designate in your place) to obtain the status of your construction project, perform inspections, and collect required paperwork.

Please also advise as to whom the appropriate contact should be (whether you or someone else) and provide all necessary contact information (name, address, phone number and email address).

It is important that you advise our office as to the approximate date that you anticipate that construction will begin and notify Kevin Loewke immediately should that time frame change.

Please also confirm the construction site address as: 360 Crystal Run Road Middletown, NY 10941

Upon receipt of this letter please contact me to provide the above requested information. Thank you in advance for your attention and assistance in this matter. I look forward to hearing from you.

Best regards,

Kevin E Loewke

Applicant: 360 Middletown Holdings, LLC / 13th Ave. Fish Market Job#:
Address: 360 Crystal Run Road Middletown, NY 10941

OCIDA Job Check List

- Engagement Letter from OCIDA to new contact is received: 12/18/19
- Job is added to upcoming jobs category on master spreadsheet: 12/20/19
- Applicant contact is e-mailed L&B introduction letter: 12/23/19
- Confirmed project contact information (via L&B Intro email): 1/13/20

Applicant:

Contact: Solomon Getz Phone#: 718-517-8511 EXT 209
Office Address: 4301 15th Avenue Brooklyn, New York 11219
Email: SG@FriendsFish.com

Job Site Contact:

Contact: Tzvi "Dov" Freund Phone#: 845-695-1300 ⁹¹⁷⁻⁹²³⁻⁸⁴⁸⁸
Office Address: _____
Email: doufish@gmail.com

- Confirmed job site address is same as above (via L&B Intro email):
1/17/20
- Estimated job (construction) start date given by project contact: February 2020
- Initial Site Visit/ Local Labor review: 1/28/20
- Actual construction start date moved to ACTIVE Status: 2/3/20
- Job # 20-001 is assigned for job and created in computer: 2/10/20
- Completion of project is confirmed: ____/____/____
- Project moved to completed jobs list: ____/____/____

INSPECTIONS



Job No. 20-001

ORANGE COUNTY I.D.A. JOB-SITE INSPECTION SHEET

DATE: 6/26/2023 Day: M T W T H F Inspector: Kevin Loewke

OCIDA

APPLICANT: 360 Middleton Holdings, LLC Address: 360 Crystal Run Road Middletown, NY

Sign Status: ACTIVE INACTIVE Sign Location: Post

Table with columns: CONTRACTOR, Monthly Visit, Request Visit, # of Workers Checked, # of Allowed Exceptions, # Non-Compliant, Comments. Includes handwritten entry 'No Activity on site today'.

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
360 Middletown Holdings, LLC / 13th Avenue Fish Market																			
Guardian A/C			2		2					2					6	0	6	0	1
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Submit Weekly Labor Reports to Kevin Loewke,
Kevin@Loewkebrill.com on the Monday following the
completed week

OOA = Out of Area .
If 0, leave blank

Local Counties: Orange,
Sullivan, Ulster, Dutchess,
Putnam, Rockland,
Westchester. If 0, leave
blank

Week Ending:
02/08/2020

360 Middletown Holdings, LLC
/ 13th Avenue Fish Market

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OOA = Out of Area .
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Local Counties: Orange,
Sullivan, Ulster, Dutchess,
Putnam, Rockland,
Westchester. If 0, leave
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Week Ending:
03/14/2020

360 Middletown Holdings, LLC

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360 Middletown Holdings, LLC

Week Ending:
05/23/2020

Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank

OOA = Out of Area. If 0, leave blank

Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week

Sub Contractor	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Weekly Total Local	Weekly Total OOA	Contractor Total	Compliance %																										
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360 Middletown Holdings, LLC	Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week																									
	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank																									
	Week Ending: 07/04/2020																									
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Sub Contractor	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Weekly Total	Contractor Total	Compliance %
	Local	OOA	OOA	Local	OOA	OOA	Local	OOA	OOA	Local	OOA	OOA	Local	OOA	OOA	Local	OOA	OOA	Local	OOA	OOA			
	360 Middletown Holdings, LLC			Week Ending: 1/16/2021			Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank			OOA = Out of Area. If 0, leave blank			Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week											
MP Electric										2											7	0	7	1
Garfield Plumbing			1																		1	0	1	1
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Sub Contractor	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Weekly Total Local OOA	Contractor Total	Compliance %								
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA												
	Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week																															
360 Middletown Holdings, LLC	Week Ending: 1/23/2021						Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank						OOA = Out of Area. If 0, leave blank																			
MP Electric																										4	0	4	4	0	4	1
Guardian																										4	0	4	4	0	4	1
																										0	0	0	0	0	0	#DIV/0!
																										0	0	0	0	0	0	#DIV/0!
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Sub Contractor	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Weekly Total Local OOA	Contractor Total	Compliance %		
	Local	OOA	Local	Local	OOA	Local	Local	OOA	Local	Local	OOA	Local	Local	OOA	Local	Local	OOA	Local	Local	OOA	Local					
	Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week																									
Power Air							3															3	0	3	1	1
East Gate													1									1	0	1	1	1
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Sub Contractor	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Weekly Total			Contractor Total	Compliance %
	Local	OOA	OOA	Local	OOA	OOA	Local	OOA	OOA	Local	OOA	OOA	Local	OOA	OOA	Local	OOA	OOA	Local	OOA	OOA	Local	OOA	OOA		
	Week Ending: 6/5/21			Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank			OOA = Out of Area. If 0, leave blank			Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank			OOA = Out of Area. If 0, leave blank			Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week										
MP Electric							2			3									5	0		5	0		5	1
William Kimmel										3									3	0		3	0		3	1
																			0	0		0	0		0	#DIV/0!
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Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
360 Middletown Holdings, LLC																			
William Kimmel			1												1	0	1	0	1
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Submit Weekly Labor Reports to Kevin Loewke,
Kevin@Loewkebrill.com on the Monday following the
completed week

OOA = Out of Area
If 0, leave blank

Local Counties: Orange,
Sullivan, Ulster, Dutchess,
Putnam, Rockland,
Westchester. If 0, leave
blank

Week Ending:
6/12/21

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total	Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
	360 Middletown Holdings, LLC																	
William Kimmel					1										1	0	1	1
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Submit Weekly Labor Reports to Kevin Loewke,
Kevin@Loewkebrill.com on the Monday following the
completed week

OOA = Out of Area
If 0, leave blank

Local Counties: Orange,
Sullivan, Ulster, Dutchess,
Putnam, Rockland,
Westchester. If 0, leave
blank

Week Ending:
6/19/21

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total	Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
	360 Middletown Holdings, LLC																	
MP Electric			2						2						4	0	4	1
															0	0	0	#DIV/0!
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Submit Weekly Labor Reports to Kevin Loewke,
Kevin@Loewkebrill.com on the Monday following the
completed week

OOA = Out of Area
If 0, leave blank

Local Counties: Orange,
Sullivan, Ulster, Dutchess,
Putnam, Rockland,
Westchester. If 0, leave
blank

Week Ending:
7/17/21

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
360 Middletown Holdings, LLC	3																		
Prime Security			3		4		5		4		2				21	0	21	0	1
MP Electric						3									3	0	3	0	1
															0	0	0	0	#DIV/0!
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Submit Weekly Labor Reports to Kevin Loewke,
Kevin@Loewkebrill.com on the Monday following the
completed week

OOA = Out of Area .
If 0, leave blank

Local Counties: Orange,
Sullivan, Ulster, Dutchess,
Putnam, Rockland,
Westchester. If 0, leave
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Week Ending:
8/14/21

Sub Contractor	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Weekly Total			Contractor Total	Compliance %		
	Local	OOA		Local	OOA		Local	OOA		Local	OOA		Local	OOA		Local	OOA		Local	OOA		Local	OOA					
360 Middletown Holdings, LLC																											Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week	
Prime Security											1																	
																												1
																												0
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Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
360 Middletown Holdings, LLC																			
Green Light					3		3								6	0	6	0	1
															0	0	0	0	#DIV/0!
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Submit Weekly Labor Reports to Kevin Loewke,
Kevin@Loewkebrill.com on the Monday following the
completed week

OOA = Out of Area
If 0, leave blank

Local Counties: Orange,
Sullivan, Ulster, Dutchess,
Putnam, Rockland,
Westchester. If 0, leave
blank

Week Ending:
12/18/2021

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total	Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
	"360 Middletown Holdings, LLC"																	
MP Electric											1				1	0	1	100%
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
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Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank

OOA = Out of Area. If 0, leave blank

Week Ending: "02/04/23"

Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
"360 Middletown Holdings, LLC"																			
MP Electric									1						1	0	1	0	1
															0	0	0	0	#DIV/0!
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Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week

Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank

OOA = Out of Area. If 0, leave blank

Week Ending: "02/18/23"

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
	Week Ending: "04/29/23"		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank				
MP Electric		1			1			1		1					5	0	5	0	1
															0	0	0	0	#DIV/0!
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Submit Weekly Labor Reports to Kevin Loewke,
Kevin@Loewkebrill.com on the Monday following the
completed week

OOA = Out of Area
If 0, leave blank

Local Counties: Orange,
Sullivan, Ulster, Dutchess,
Putnam, Rockland,
Westchester. If 0, leave
blank

Week Ending:
"04/29/23"

"360 Middletown Holdings,
LLC"

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
"360 Middletown Holdings, LLC"																			
MP Electric			1												1	0	1		1
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Submit Weekly Labor Reports to Kevin Loewke,
Kevin@Loewkebrill.com on the Monday following the
completed week

OOA = Out of Area
If 0, leave blank

Local Counties: Orange,
Sullivan, Ulster, Dutchess,
Putnam, Rockland,
Westchester. If 0, leave
blank

Week Ending:
"07/22/23"

"360 Middletown Holdings,
LLC"

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local OOA	Contractor Total	Compliance %		
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA					
					1														1
MP Electric																0	0	0	#DIV/0!
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Submit Weekly Labor Reports to Kevin Loewke,
Kevin@Loewkebrill.com on the Monday following the
completed week

Local Counties: Orange,
Sullivan, Ulster, Dutchess,
Putnam, Rockland,
Westchester. If 0, leave
blank

OOA = Out of Area
If 0, leave blank

Week Ending:
"08/05/23"

"360 Middletown Holdings,
LLC"

Sub Contractor		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total		Compliance %	
		Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
"360 Middletown Holdings, LLC"																	1	0	1	1	100%
MP Electric																	1	0	1	100%	
																	0	0	0	0%	
																	0	0	0	0%	
																	0	0	0	0%	
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Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week

Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank

OOA = Out of Area. If 0, leave blank

Week Ending: "08/12/23"

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
	MP Electric					1										1		
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Submit Weekly Labor Reports to Kevin Loewke,
Kevin@Loewkebrill.com on the Monday following the
completed week

OOA = Out of Area
If 0, leave blank

Local Counties: Orange,
Sullivan, Ulster, Dutchess,
Putnam, Rockland,
Westchester. If 0, leave
blank

Week Ending:
"08/19/23"

"360 Middletown Holdings,
LLC"

"360 Middletown Holdings, LLC"	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
MP Electric					1										1	0	1	1	
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Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week

OOA = Out of Area. If 0, leave blank

Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank

Week Ending: "10/14/23"

"360 Middletown Holdings, LLC"

Permits: Required for the general contractor as well as all eligible subcontractors on site. Not all subcontractors will require a permit including but not limited to: painters, flooring companies, other finishing trades.

General Liability Insurance: Since the Orange County Industrial Development Agency is a named entity on the project, we want to make sure in the event of a liability incident (pedestrian falling into a hole next to sidewalk) that the GC has sufficient coverage to cover the IDA. We are looking for a minimum of \$1,000,000 in total GL coverage.

Workers Comp Insurance / Certificate- Since the Orange County Industrial Development Agency is a named entity on the project, we need to make sure in the event of a worker injury (carpenter falls off scaffolding) that the I.D.A. has sufficient coverage.

Umbrella Policy - This is only in the case that the G.C. or subcontractors do not have \$1M in coverage. The Umbrella plus the general liability insurance should add up to \$1M+ (for example \$500k of GL + \$500K UL is \$1M total)

Automobile Insurance - Since the Orange County Industrial Development Agency is a named entity on the project, we want to make sure in the event of an automobile accident that everyone is covered. This covers if a contractor is delivering materials to a site and his ladder falls off the truck and hits another car. Again we're looking for a total of \$1 million in coverage inc. UL. (For example \$500k of AI + \$500K UL is \$1M total)

NYS Disability Insurance - This covers an employee if he/she is hurt off-site. This goes hand in hand with workers compensation insurance and the reason for why we need it. Also, lack of WCI or DBL typically confirms the workers are 1099 employees and then additional information is required (W-9).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/21/2020

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 have ADDITIONAL INSURED provisions or 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 Joy Insurance Agency, Inc 639 E Main St Middletown, NY 10940	CONTACT NAME: Mimi Cahill PHONE (A/C, No, Ext): (845) 342-4888 FAX (A/C, No): (845) 342-9117 E-MAIL ADDRESS: mimic@joyinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Guardian Air Conditioning & Refrigeration LLC 63 East Main Street Middletown, NY 10940	INSURER A: ERIE INSURANCE COMPANY NAIC # 26263	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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.

INBR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			Q28-7220117	04/22/2019	04/22/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			Q04-7230177	04/22/2019	04/22/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER 13 Ave Fish Market 360 Crystallrun Road Middletown, NY 10940	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/08/2020

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 have **ADDITIONAL INSURED** provisions or 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 Joy Insurance Agency, Inc 639 E Main St Middletown, NY 10940	CONTACT NAME: Mimi Cahill	FAX (A/C, No): (845) 342-9117	
	PHONE (A/C, No, Ext): (845) 342-4888	E-MAIL ADDRESS: mimic@joyinsurance.com	
INSURED Guardian Air Conditioning & Refrigeration LLC 63 East Main Street Middletown, NY 10940	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ERIE INSURANCE COMPANY		26263
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Q28-7220117	04/22/2020	04/22/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Q04-7230177	04/22/2020	04/22/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

13 Ave Fish Market
360 Crystallrun Road
Middletown, NY 10940

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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New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1911

WESTCHESTER ONE, 44 SOUTH BROADWAY, 18TH FLOOR, WHITE PLAINS, NY 10601-4111

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 067804119
JOY INSURANCE AGENCY INC
639 E MAIN ST
MIDDLETOWN NY 10940



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER GUARDIAN AIR CONDITIONING & REFRIGERATION LLC 63 EAST MAIN STREET MIDDLETOWN NY 10940	CERTIFICATE HOLDER
---	---------------------------

POLICY NUMBER W2471796-9	CERTIFICATE NUMBER 023017	POLICY PERIOD 05/04/2019 TO 05/04/2020	DATE 5/8/2019
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2471796-9, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 440930569

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

***** 453178014
GUARDIAN AIR CONDITIONING &
REFRIGERATION LLC
63 EAST MAIN STREET
MIDDLETOWN NY 10940

POLICYHOLDER GUARDIAN AIR CONDITIONING & REFRIGERATION LLC 63 EAST MAIN STREET MIDDLETOWN NY 10940		[Redacted Box]	
POLICY NUMBER W2510 940-6	CERTIFICATE NUMBER 180097	POLICY PERIOD 03/28/2020 TO 03/28/2021	DATE 5/4/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2510 940-6, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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NEW YORK STATE INSURANCE FUND

Stuart Bell
DIRECTOR, INSURANCE FUND UNDERWRITING

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

***** 453178014
GUARDIAN AIR CONDITIONING &
REFRIGERATION LLC
63 EAST MAIN STREET
MIDDLETOWN NY 10940

POLICYHOLDER GUARDIAN AIR CONDITIONING & REFRIGERATION LLC 63 EAST MAIN STREET MIDDLETOWN NY 10940		CERTIFICATE HOLDER 13 AVENUE FISH MARK 360 CRYST MIDDLETOWN NY 10941	
POLICY NUMBER W2510 940-6	CERTIFICATE NUMBER 485808	POLICY PERIOD 03/28/2021 TO 03/28/2022	DATE 4/29/2021

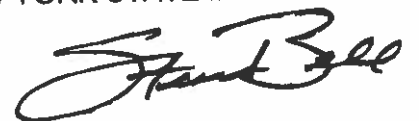
THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2510 940-6, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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NEW YORK STATE INSURANCE FUND



DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 371618626



CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
GUARDIAN AIR CONDITIONING & REFRIGERATION, LLC
63 EAST MAIN STREET
MIDDLETOWN, NY 10940
1b. Business Telephone Number of Insured
8453424889
1c. Federal Employer Identification Number of Insured or Social Security Number
06-7604119
2. Name and Address of Entity Requesting Proof of Coverage
13 Ave Fish Market
360 Crystal Run Road
Middletown, NY 10940
3a. Name of Insurance Carrier
Standard Security Life Insurance Company of New York
3b. Policy Number of Entity Listed in Box "1a"
Z05212-000
3c. Policy effective period
1/1/2020 to 2/24/2021

4. Policy provides the following benefits:
A. Both disability and paid family leave benefits.
B. Disability benefits only.
C. Paid family leave benefits only.
5. Policy covers:
A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 2/26/2020 By [Signature]
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed By
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





**CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only) CHRISTOPHER GARDIANOS (PROPRIETOR COVERAGE) 63 EAST MAIN STREET MIDDLETOWN, NY 10940</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 8453424889</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 06-7604119</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) 13 Ave Fish Market 360 Crystal Run Road Middletown, NY 10940</p>	<p>3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York</p> <p>3b. Policy Number of Entity Listed in Box "1a" Z05212-P01</p> <p>3c. Policy effective period 1/1/2020 to 2/22/2022</p>

4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.
 B. Disability benefits only.
 C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
 B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 2/23/2021 By *Bela J. Popiel*
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

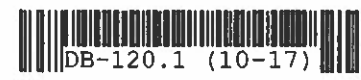
**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





MARSH-3

OP ID: RH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2020

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.

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PRODUCER
The Misner Agency Inc.
H.J. Hockenbery Agency
PO Box 87
Woodbourne, NY 12788
Greg J. Goldstein
845-434-7755

CONTACT NAME: Greg J. Goldstein	
PHONE (A/C, No. Ext): 845-434-7755	FAX (A/C, No.): 845-434-7763
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Main St America Assurance Co.	NAIC #: 29939
INSURER B: Twin City Fire Insurance Co.	29459
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
MP Electric Inc
8 Sand Lane
Westtown, NY 10998

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) (RFD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:		MPU7732Y	12/05/2019	12/05/2020	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADY INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/PROP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		B1U7732Y	12/05/2019	12/05/2020	COMBINED SINGLE LIMIT (EA accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y/N <input type="checkbox"/> N/A	16WECAC7KJU	02/14/2020	02/14/2021	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Electrician

CERTIFICATE HOLDER

Guardian Air Conditioning
63 East Main Street
Middletown, NY 10940

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/04/2021

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PRODUCER The Misner Agency Inc. H.J. Hockenbery Agency PO Box 87 Woodbourne, NY 12788 Greg J. Goldstein	845-434-7755	CONTACT NAME: Greg J. Goldstein PHONE (A/C, No, Ext): 845-434-7755 FAX (A/C, No): 845-434-7763 E-MAIL ADDRESS:																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Nationwide Insurance Company</td> <td>25453</td> </tr> <tr> <td>INSURER B:</td> <td>Main St America Assurance Co.</td> <td>29939</td> </tr> <tr> <td>INSURER C:</td> <td>Twin City Fire Insurance Co.</td> <td>29459</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Nationwide Insurance Company	25453	INSURER B:	Main St America Assurance Co.	29939	INSURER C:	Twin City Fire Insurance Co.	29459	INSURER D:			INSURER E:			INSURER F:	
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INSURER E:																						
INSURER F:																						
INSURED M Electric Inc 8 Sand Lane Westtown, NY 10998																						

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACPCPP3009970967	12/05/2020	12/05/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1U7732Y	12/05/2020	12/05/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	16WECAC7KJU	02/14/2020	02/14/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER Freund's Fish Market 360 Crystal Run Rd Middletown, NY 10941	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 Greg J. Goldstein
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MARSH-3

OP ID: HP

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
03/16/2021

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PRODUCER The Milner Agency Inc. H.J. Hockenbery Agency PO Box 87 Woodbourne, NY 12788 Greg J. Goldstein 845-434-7755	CONTACT NAME: Greg J. Goldstein PHONE (A/C, No, Ext): 845-434-7755 FAX (A/C, No): 845-434-7763 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Nationwide Insurance Company</td> <td style="text-align: center;">25453</td> </tr> <tr> <td>INSURER B: Main St America Assurance Co.</td> <td style="text-align: center;">29939</td> </tr> <tr> <td>INSURER C: Twin City Fire Insurance Co.</td> <td style="text-align: center;">29459</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Nationwide Insurance Company	25453	INSURER B: Main St America Assurance Co.	29939	INSURER C: Twin City Fire Insurance Co.	29459	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER D:															
INSURER E:															
INSURER F:															
INSURED MP Electric Inc 8 Sand Lane Westtown, NY 10998															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJEC <input type="checkbox"/> LOC OTHER:			ACPCPP3009970967	12/05/2020	12/05/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1U7732Y	12/05/2020	12/05/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	16WECAC7KJU	02/14/2021	02/14/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**
Freunds Fish Market
 13th Ave Fish Market
 360 Crystal Run Road
 Middletown, NY 10941

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
Greg J. Goldstein



MARSH-3

OP ID: KCS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/16/2022

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PRODUCER The Misner Agency Inc. H.J. Hockenbery Agency PO Box 87 Woodbourne, NY 12788 Greg J. Goldstein	845-434-7755	CONTACT NAME: Greg J. Goldstein PHONE (AC, No, Ext): 845-434-7755 FAX (AC, No): 845-434-7763 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE	
INSURED MP Electric Inc 8 Sand Lane Westtown, NY 10998	INSURER A: Nationwide Insurance Company NAIC # 25453	
	INSURER B: Main St America Assurance Co. 29939	
	INSURER C: Twin City Fire Insurance Co. 29459	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR I,TR	TYPE OF INSURANCE	ADDL INSD	SUBR W/O/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ACPCPP3009970967	12/05/2021	12/05/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
3	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1U7732Y	12/05/2021	12/05/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			16WECAC7KJU	02/14/2022	02/14/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER Friends Fish Market 13th Ave Fish Market 360 Crystal Run Road Middletown, NY 10941	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



MARSH-3

OP ID: MP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2022

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PRODUCER
845-434-7755
The Mlsner Agency Inc.
H.J. Hockenbery Agency
PO Box 87
Woodbourne, NY 12788
Greg J. Goldstein

CONTACT NAME: Greg J. Goldstein
PHONE (A/C, No, Ext): 845-434-7755 **FAX (A/C, No):** 845-434-7763
E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE
INSURER A: Preferred Mutual Insurance Co. **NAIC #** 15024
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
MP Electric Inc
MP Electric Inc
8 Sand Lane
Westtown, NY 10998

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			BOP0100741332	12/05/2022	12/05/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PCA0100725228	12/05/2022	12/05/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

Freunds Fish Market
13th Ave Fish Market
360 Crystal Run Rd
Middletown, NY 10941

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



MARSH-3

OP ID: KCS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/15/2023

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INSURED Marshall G Potter MP Electric Inc 6 Sand Lane Westtown, NY 10998	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Twin City Fire Insurance Co.</td> <td>29459</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Twin City Fire Insurance Co.	29459	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y N/A			16WECAC7KJU	02/14/2023	02/14/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	

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

CERTIFICATE HOLDER Freunds Fish Market 13th Ave Fish Market 360 Crystal Run Road Middletown, NY 10941	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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CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>MP Electric Inc 8 Sand Lane Westtown, NY 10998</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>845-591-7210</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> <p>454822929</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Guardian Air Conditioning & Refrigeration 63 East Main Street Middletown, New York 10940</p>	<p>3a. Name of Insurance Carrier</p> <p>Arch Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>11DBL1107800</p> <p>3c. Policy effective period</p> <p>3/1/2020 to 2/28/2021</p>

4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.

B. Disability benefits only.

C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.

B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 3/18/2020 By *James Iannicelli*
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 201-743-3937 Name and Title James Iannicelli, AVP Accident & Health

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
MP Electric Inc
8 Sand Lane
Westtown, NY 10998
1b. Business Telephone Number of Insured
845-591-7210
1c. Federal Employer Identification Number of Insured or Social Security Number
454822929
2. Name and Address of Entity Requesting Proof of Coverage
Freunds Fish Market
13th Ave Fish Market
360 Crystal Run Road
Middletown, NY 10941
3a. Name of Insurance Carrier
Arch Insurance Company
3b. Policy Number of Entity Listed in Box "1a"
11DBL1107800
3c. Policy effective period
3/1/2021 to 2/28/2022

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[] B. Disability benefits only.
[] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

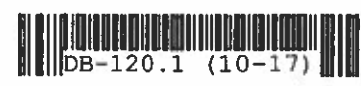
Date Signed 2/25/2021 By James Iannicelli, AVP Accident & Health
Telephone Number 201-743-3937 Name and Title James Iannicelli, AVP Accident & Health

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed By
Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>MP Electric Inc 8 Sand Lane Westtown, NY 10998</p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured</p> <p style="text-align: center;">845-591-7210</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> <p style="text-align: center;">454822929</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Freunds Fish Market 13th Ave Fish Market 360 Crystal Run Road Middletown, NY 10941</p>	<p>3a. Name of Insurance Carrier</p> <p style="text-align: center;">Arch Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p style="text-align: center;">11DBL1107800</p> <p>3c. Policy effective period</p> <p style="text-align: center;">3/1/2022 to 2/28/2023</p>

4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.

B. Disability benefits only.

C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.

B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 2/16/2022 By 
(Signature of insurance carrier's authorized representative or NYS licensed Insurance Agent of that insurance carrier)

Telephone Number 201-743-3937 Name and Title James Iannicelli, AVP Accident & Health

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

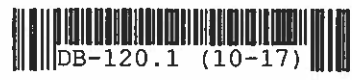
**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





**CERTIFICATE OF INSURANCE COVERAGE
NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>MP Electric Inc 8 Sand Lane Westtown, NY 10998</p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured</p> <p align="center">845-591-7210</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> <p align="center">454822929</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Freunds Fish Market 13th Ave Fish Market 360 Crystal Run Road Middletown, NY 10941</p>	<p>3a. Name of Insurance Carrier</p> <p align="center">Arch Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box 1a</p> <p align="center">11DBL1107800</p> <p>3c. Policy Effective Period</p> <p align="center">3/1/2023 to 2/29/2024</p>

4. Policy provides the following benefits:

A. Both disability and Paid Family Leave benefits.

B. Disability benefits only.


C. Paid Family Leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.

B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 2/21/2023 By 
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 201-743-3937 Name and Title James Iannicelli, AVP Accident & Health

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

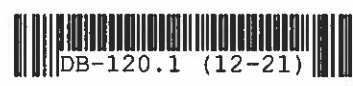
**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/16/2020

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 have ADDITIONAL INSURED provisions or 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 Bauer-Crowley, Inc. 643 Main Street PO Box 358 Sparkill NY 10976-0358	CONTACT NAME: John Gianos PHONE (A/C No, Ext): (845) 359-4114 FAX (A/C, No): (845) 359-4684 E-MAIL ADDRESS: johng@bauercrowley
	INSURER(S) AFFORDING COVERAGE INSURER A: Twin City Fire Insurance Co. NAIC # 29459 INSURER B: Landmark American Insurance Co 43117 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Advanced Analytical Technologies, Inc. 37 Ramland Rd Orangeburg NY 10962	


COVERAGES **CERTIFICATE NUMBER:** CL2011611849 **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		16SBAIK5422	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		16SBAIK5422	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		16SBAIK5422	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	16WECDD7101	07/21/2019	07/21/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Professional Liability		LHR780000	01/01/2020	01/01/2021	Limits \$1,000,000

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

Jones Lang LaSalle Americas, Inc. and Teva Pharmaceuticals USA, Inc. are to be listed as additional insured for work performed by the Insured only as their interest may appear, if required by written contract. Waiver of subrogation applies as per written contract.

CERTIFICATE HOLDER Jones Lang LaSalle Americas, Inc. c/o Teva Pharmaceuticals USA, 2945 West Corporate Lakes Blvd Weston FL 33331	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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**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>Advanced Analytical Technologies, Inc. 37 Ramland Road Orangeburg, NY 10962</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 800-259-9532</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 13-3939509</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>County of Rockland Department of Finance 50 Sanatorium Road Bldg A, 7th Floor, Room 724 Pomona, NY 10970</p>	<p>3a. Name of Insurance Carrier Twin City Fire Insurance Co</p> <p>3b. Policy Number of Entity Listed in Box "1a" 16WECDD7101</p> <p>3c. Policy effective period 07/21/2019 to 07/21/2020</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? YES NO

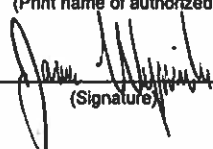
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: James Wynimko
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  8/14/19
(Signature) (date)

Title: Agent

Telephone Number of authorized representative or licensed agent of insurance carrier: 845-359-4114

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



**CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only) ADVANCED ANALYTICAL TECHNOLOGIES INC ATTN: JOHN G 37 RAMLAND ROAD ORANGEBURG, NY 10962</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 845-362-3164</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 133939509</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL331060</p> <p>3c. Policy effective period 11/24/2019 to 11/23/2020</p>

4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.
 B. Disability benefits only.
 C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
 B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 3/20/2020 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

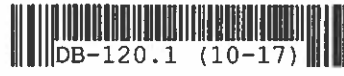
**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/22/2020

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 Silberstein Agency, Inc. 11 Meron Drive Suite 122 Monroe NY 10950	CONTACT NAME: Shaindy Goldberger PHONE (A/C, No, Ext): 845-782-2500 FAX (A/C, No): 845-782-2396 E-MAIL ADDRESS: sara@silbersteinins.com
	INSURER(S) AFFORDING COVERAGE
INSURED M&M Lawncare Inc DBA Moshies Landscaping DBA Moshies Fencing 51 Forest Rd Ste 316-162 Monroe NY 10950	INSURER A : Greenwich Insurance Company INSURER B : Metropolitan Prop/Cas InsCo INSURER C : Hartford Fire Ins Co INSURER D : INSURER E : INSURER F :
	NAIC # 26298 19682

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		NGL1000725-00	6/12/2019	6/12/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY OWNED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA038753P2020	3/8/2020	3/8/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	16WECIO4261	1/1/2020	1/1/2021	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000

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

CERTIFICATE HOLDER**CANCELLATION**

Friends Fish Market 4301 15th ave Brooklyn NY 11219	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 <i>Isaac Silberstein</i>
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Workers' Compensation Board

CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only) M&M LAWN CARE, INC DBA MOISHES LANDSCAPING DBA MOISHES FENCING 51 FOREST RD, STE 316 162, MONROE, NY 10950</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 845-537-0941</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 26-3435257</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) FREUNDS FISH MARKET 4301 15TH AVE BROOKLYN, NY 11219</p>	<p>3a. Name of Insurance Carrier THE GUARDIAN LIFE INSURANCE COMPANY</p> <p>3b. Policy Number of Entity Listed in Box "1a" 982458-0000</p> <p>3c. Policy effective period <u>06/01/2009</u> to <u>05/31/2021</u></p>

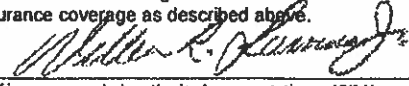
4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.
 B. Disability benefits only.
 C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
 B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 06/04/2020 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 718-979-0200 Name and Title WILLIAM R SANSONE JR - PRESIDENT, MSM GENERAL AGENCY INC.

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/15/2020

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 have ADDITIONAL INSURED provisions or 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 Joy Insurance Agency, Inc. 639 E. Main St. Middletown, NY 10940	CONTACT NAME: PHONE (A/C, No, Ext): (845) 342-4888 FAX (A/C, No): (845) 342-9117 E-MAIL ADDRESS: certificates@joyinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Erie Insurance Company NAIC # 26263	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

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.

INBR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			Q287620101	04/26/2020	04/26/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q045240011	04/02/2020	04/02/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER CANCELLATION

13th Ave Fish Market 360 Crystal run Road Middletown, NY 10941	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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New York State Insurance Fund

WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411

| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 061634963
JOY INSURANCE AGENCY INC
639 E MAIN ST
MIDDLETOWN NY 10940



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER
MEAD SEALCOATING & PARKING
LOT MAINTENANCE INC
219 WHIPPLE RD
MIDDLETOWN NY 10940

CERTIFICATE HOLDER
13TH AVE FISH MARKET
360 CRYSTAL RUN RD
MIDDLETOWN NY 10941

POLICY NUMBER W2331 574-0	CERTIFICATE NUMBER 292120	POLICY PERIOD 04/26/2020 TO 04/26/2021	DATE 6/15/2020
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2331 574-0, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT
JOSEPH MEAD
MEAD SEALCOATING & PARKING
LOT MAINTENANCE INC (1 OF 1)

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 363299804



**CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only) MEAD SEALCOATING & PARKING LOT MAINTENANCE, INC. 219 WHIPPLE ROAD MIDDLETOWN, NY 10940 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 845-344-2354 1c. Federal Employer Identification Number of Insured or Social Security Number 061634963</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) 13th Ave Fish Market 360 Crystal Run Rd. Middletown, NY 10941</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL214731 3c. Policy effective period 04/26/2020 to 04/25/2021</p>

4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.
 B. Disability benefits only.
 C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
 B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 6/15/2020 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/3/2020

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 have ADDITIONAL INSURED provisions or 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 Glanzer Insurance Agency, LLC 48 Bakertown Rd Ste 203 Monroe NY 10950-8430 License#: BR-1086116 CHESPLU-01	CONTACT NAME: PHONE (A/C No. Ext): 845-783-7000 E-MAIL ADDRESS:	FAX (A/C No): 845-783-1133
	INSURER(S) AFFORDING COVERAGE	
INSURED Cheskys Plumbing Service Inc 14 Prag Blvd Unit 303 Monroe NY 10950-8477	INSURER A: Liberty Mutual Ins Co NAIC # 23043	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 997518024 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		BKS61114525	3/14/2020	3/14/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is listed as an Additional Insured when required by written contract or agreement.

CERTIFICATE HOLDER Friends Fish Market 4301 15th Ave. Brooklyn NY 11219	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 

NEW YORK STATE INSURANCE IDENTIFICATION CARD

287 PREFERRED MUTUAL INSURANCE COMPANY Policy Number PCA 0100717781
Name & Address of Issuer:

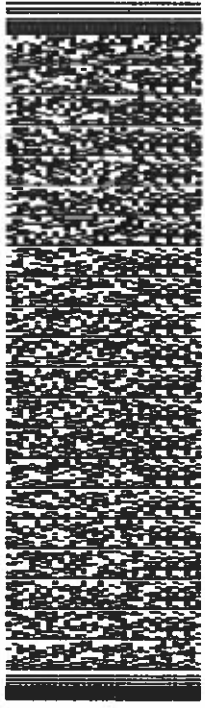
MBIA LLC
67 EAST BROADWAY
MONTICELLO, NY 12701

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

CHEKYS ; PLUMBING ; SERVICE ; INC .
PO BOX 317
MONROE NY 10949

Effective Date 01/04/2023 Expiration Date 01/04/2024
12:01 a.m. 12:01 a.m.

Year 2020 Make CHEVY
Vehicle Identification Number 2GCZGHFG0L1120515





Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name and address of Insured (Use street address only) Cheskys Plumbing Service Inc 14 Prag Blvd Unit 303 Monroe, NY 10950</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain location in New York State, i.e. a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 845-662-4988</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 463497159</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Freunds Fish Market 4301 15th Ave. Brooklyn, NY 11219</p>	<p>3a. Name of Insurance Carrier AmTrust Insurance Company of Kansas, Inc</p> <p>3b. Policy Number of entity listed in box "1a": KWC1198939</p> <p>3c. Policy effective period: 1/19/2020 to 1/19/2021</p> <p>3d. The Proprietor, Partners or Executive Officers are:</p> <p><input type="checkbox"/> included (Only check box if all partners/officers included)</p> <p><input checked="" type="checkbox"/> all excluded or certain partners/officers excluded</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

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 policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved By: Henry C. Sibley
 (Print name of authorized representative or licensed agent of insurance carrier)

Approved By: *Henry C Sibley* 7/3/2020
 (Signature) (Date)

Title: Underwriting Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: CarrierPhone

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.



Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

Insured Detail

<p>1a. Legal Name and address of Insured (Use street address only) Cheskys Plumbing Service Inc 14 Prag Blvd Unit 303 Monroe, NY 10950</p> <p>DBA: Flostar Plumbing & Heating</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain location in New York State, i.e. a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 845-662-4988</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 463497159</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) 13th Avenue Fish Market 360 Crystal Run Road Middletown, NY 10941</p>	<p>3a. Name of Insurance Carrier Technology Insurance Company, Inc.</p> <p>3b. Policy Number of entity listed in box "1a": TWC4202716</p> <p>3c. Policy effective period: 1/19/2023 to 1/19/2024</p> <p>3d. The Proprietor, Partners or Executive Officers are:</p> <p><input type="checkbox"/> included (Only check box if all partners/officers included)</p> <p><input checked="" type="checkbox"/> all excluded or certain partners/officers excluded</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

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 policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if t



**CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only) CHESKY'S PLUMBING SERVICE INC. 14 PRAG BLVD, UNIT 303 MONROE, NY 10950</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 845-662-4988</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 46-3497159</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Freunds Fish Market 4301 15th Ave. Brooklyn, NY 11219</p>	<p>3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York</p> <p>3b. Policy Number of Entity Listed in Box "1a" R63291-000</p> <p>3c. Policy effective period 1/19/2018 to 7/3/2021</p>

4. Policy provides the following benefits:

- A. Both disability and paid family leave benefits.
- B. Disability benefits only.
- C. Paid family leave benefits only.

5. Policy covers:

- A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
- B. Only the following class or classes of employer's employees:
EXECUTIVE OFFICER TO BE EXCLUDED FROM POLICY: CHESKY REICH, PRES.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 7/4/2020 By *Bela J. Adornail*
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
1b. Business Telephone Number of Insured
1c. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of Entity Requesting Proof of Coverage
3a. Name of Insurance Carrier
3b. Policy Number of Entity Listed in Box "1a"
3c. Policy effective period

4. Policy provides the following benefits:
5. Policy covers:
EXECUTIVE OFFICER TO BE EXCLUDED FROM POLICY: CHESKY REICH, PRES.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

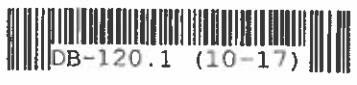
Date Signed 1/6/2023 By [Signature]
Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed By
Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/11/2020

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 have ADDITIONAL INSURED provisions or 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
GNP Brokerage US Inc.
2001 57TH Street
Brooklyn NY 11204

License#: 1045961
EASTMAN-01

CONTACT NAME: JOEL MEISELS
PHONE (A/C No. Ext): 718-851-5400 FAX (A/C No.): 718-853-0164
E-MAIL ADDRESS:

INSURED
EASTGATE MANAGEMENT SERVICE CORP.
PO BOX 392
CHESTER NY 10918

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : EVANSTON INSURANCE COMPANY	
INSURER B : National Continental Insurance Company	10243
INSURER C : Wesco Insurance Company	25011
INSURER D : SHELTERPOINT LIFE INS CO	81434
INSURER E :	
INSURER F :	

COVERAGES CERTIFICATE NUMBER: 276805660 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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MKL1V1PBC000863	11/20/2019	11/20/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY		CNY 000-4957-098-0	8/12/2020	8/12/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WWC3481565	8/10/2020	8/10/2021	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	DISABILITY		D430721	12/12/2019	12/12/2020	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder and their officers, directors, employees, subsidiaries, partners, and affiliates are added as additional insured on a primary and non-contributory basis for ongoing and completed operations as required by written contract. Policy includes an endorsement for Waiver of Subrogation. Employers liability (action over) is not excluded in the General Liability insurance policy.

CERTIFICATE HOLDER CANCELLATION

13TH AVE FISH MARKET, INC.
360 CRYSTAL RUN RD.
MIDDLETOWN NY 10941

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
Jul March



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/28/2020

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 have ADDITIONAL INSURED provisions or 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 GNP Brokerage US Inc. an ISU Network Member 2001 57th Street Brooklyn NY 11204	CONTACT NAME: JOEL MEISELS PHONE (A/C, No, Ext): 718-851-5400 FAX (A/C, No): 718-853-0164 E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : EVANSTON INSURANCE COMPANY</td> <td>35378</td> </tr> <tr> <td>INSURER B : National Continental Insurance Company</td> <td>10243</td> </tr> <tr> <td>INSURER C : Wesco Insurance Company</td> <td>25011</td> </tr> <tr> <td>INSURER D : SHELTERPOINT LIFE INS CO</td> <td>81434</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : EVANSTON INSURANCE COMPANY	35378	INSURER B : National Continental Insurance Company	10243	INSURER C : Wesco Insurance Company	25011	INSURER D : SHELTERPOINT LIFE INS CO	81434	INSURER E :		INSURER F :
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INSURER D : SHELTERPOINT LIFE INS CO	81434													
INSURER E :														
INSURER F :														
INSURED EASTGATE MANAGEMENT SERVICE CORP. PO BOX 392 CHESTER NY 10918	License#: 1045961 EASTMAN-01													

COVERAGES **CERTIFICATE NUMBER:** 745986495 **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 WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	MKLV1PBC001353	11/20/2020	11/20/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CNY 000-4957-088-0	8/12/2020	8/12/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WWC3481565	8/10/2020	8/10/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	DISABILITY			D430721	12/12/2020	12/12/2021	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder and their officers, directors, employees, subsidiaries, partners, and affiliates are added as additional insured on a primary and non-contributory basis for ongoing and completed operations as required by written contract. Policy includes an endorsement for Waiver of Subrogation. Employers liability (action over) is not excluded in the General Liability and Excess insurance policies.

CERTIFICATE HOLDER 13TH AVE FISH MARKET, INC 360 CRYSTAL RUN RD MIDDLETOWN NY 10941	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/27/2022

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 have ADDITIONAL INSURED provisions or 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 GNP Brokerage US Inc. an ISU Network Member 2001 57th Street Brooklyn NY 11204 License# 1045961 EASTMAN-01	CONTACT NAME: JOEL MEISELS PHONE (A/C, No, Ext): 718-851-5400 FAX (A/C, No): 718-853-0164 E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : EVANSTON INSURANCE COMPANY</td> <td>35378</td> </tr> <tr> <td>INSURER B : TECHNOLOGY INSURANCE CO</td> <td>42376</td> </tr> <tr> <td>INSURER c : National Continental Insurance Company</td> <td>10243</td> </tr> <tr> <td>INSURER D : SHELTERPOINT LIFE INS CO</td> <td>81434</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : EVANSTON INSURANCE COMPANY	35378	INSURER B : TECHNOLOGY INSURANCE CO	42376	INSURER c : National Continental Insurance Company	10243	INSURER D : SHELTERPOINT LIFE INS CO	81434	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER c : National Continental Insurance Company	10243													
INSURER D : SHELTERPOINT LIFE INS CO	81434													
INSURER E :														
INSURER F :														

COVERAGES **CERTIFICATE NUMBER:** 1529215231 **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		MKL1VPBC002156	11/20/2021	11/20/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		CNY 000-4957-098-1	6/12/2021	6/12/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	TWC4040751	11/1/2021	8/10/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	DISABILITY		D430721	12/12/2021	12/12/2022	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder and their officers, directors, employees, subsidiaries, partners, and affiliates are added as additional insured on a primary and non-contributory basis for ongoing and completed operations as required by written contract. Policy includes an endorsement for Waiver of Subrogation. Employers liability (action over) is not excluded in the General Liability policy.

CERTIFICATE HOLDER 13TH AVE FISH MARKET, INC 360 CRYSTAL RUN RD MIDDLETOWN NY 10941	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/27/2021

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.

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PRODUCER GNP Brokerage US Inc. an ISU Network Member 2001 57th Street Brooklyn NY 11204	CONTACT NAME: JOEL MEISELS	
	PHONE (A/C No. Ext): 718-851-5400	FAX (A/C No): 718-853-0164
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
License#: 1045961	INSURER A: National Continental Insurance Company	10243
INSURED EASTGATE MANAGEMENT SERVICE CORP. ISAAC WEINBERGER PO BOX 392 CHESTER NY 10918	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1388042380 **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CNY 000-4957-098-1	6/12/2021	6/12/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

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

CERTIFICATE HOLDER 13th Avenue Fish Market, Inc 360 Crystal Run Rd Middletown NY 10941	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 <i>Joel Meisels</i>
--	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/30/2021

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 have ADDITIONAL INSURED provisions or 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 GNP Brokerage US Inc. an ISU Network Member 2001 57th Street Brooklyn NY 11204 License#: 1045961	CONTACT NAME: JOEL MEISELS		
	PHONE (A/C, No, Ext): 718-851-5400	FAX (A/C, No): 718-853-0164	
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED EASTGATE MANAGEMENT SERVICE CORP. PO BOX 392 CHESTER NY 10918	INSURER A : SHELTERPOINT LIFE INS CO		
	INSURER B : EVANSTON INSURANCE COMPANY		35378
	INSURER C : SECURITY NATIONAL INSURANCE CO.		19879
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER: 1898378154** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	MKLV1PBC001353	11/20/2020	11/20/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SWC1353585	8/10/2021	8/10/2022	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	DISABILITY			D430721	12/12/2020	12/12/2021		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder and their officers, directors, employees, subsidiaries, partners, and affiliates are added as additional insured on a primary and noncontributory basis for ongoing and completed operations as required by written contract. Policy includes an endorsement for Waiver of Subrogation. Employers liability (action over) is not excluded in the General Liability and Excess insurance policies.

CERTIFICATE HOLDER 13th Avenue Fish Market, Inc 360 Crystal Run Rd Middletown NY 10941	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 <i>Jul Munda</i>
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2020

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.

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PRODUCER Marshall & Sterling, Inc. 420 E. Main Street Middletown NY 10940		CONTACT NAME: Jennette Montgomery PHONE (A/C, No, Ext): (845) 343-2138 FAX (A/C, No): (845) 343-9157 E-MAIL ADDRESS: jmontgomery@marshallsterling.com	
INSURED AMC Excavation Services LLC 440 New Vernon Road Middletown NY 10940-7538		INSURER(S) AFFORDING COVERAGE INSURER A: Michigan Millers Mutual NAIC # 14500 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL205183843 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		C0537736	04/10/2020	04/10/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			V0511108	04/10/2020	04/10/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

13th Ave Fish market Inc. is an additional insured if required by written contract, per endorsement number CG 511 (01/14).

CERTIFICATE HOLDER 13th Ave Fish Market Inc. 380 Crystal Run Rd Middletown NY 10941	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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Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>a. Legal Name & Address of Insured (Use street address only)</p> <p>AMC Excavation Services LLC 440 New Vernon Road Middletown, NY 10940-7536</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e a Wrap-Up Policy) Error! Reference source not found.</p>	<p>1b. Business Telephone Number of Insured (845)412-6039</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 813022638</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>13th Ave Fish Market Inc. 360 Crystal Run Rd. Middletown, NY 10941</p>	<p>3a. Name of Insurance Carrier Michigan Millers Mutual</p> <p>3b. Policy Number of entity listed in box "1a": W0520070</p> <p>3c. Policy effective period: <u>4/24/2020</u> to <u>4/24/2021</u></p> <p>3d. The Proprietor, Partners or Executive Officers are:</p> <p><input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.


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 policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Kevin A. Viafa
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 
(Signature) November 12, 2020
(Date)

Title: Authorized Representative

Telephone Number of authorized representative or licensed agent of insurance carrier: (845)343-2138

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>AMC EXCAVATION SERVICES LLC 440 New Vernon Rd Middletown, NY 10940</p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured</p> <p style="text-align: center;">845-412-6039</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number</p> <p style="text-align: center;">813022638</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>13th Ave Fish Market Inc. 360 Crystal Run Rd. Middletown, NY 10941</p>	<p>3a. Name of Insurance Carrier</p> <p style="text-align: center;">Arch Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p style="text-align: center;">11DBL1119200</p> <p>3c. Policy effective period</p> <p style="text-align: center;">4/24/2020 to 4/23/2021</p>

4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.

B. Disability benefits only.

C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.

B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 11/13/2020 By 
(Signature of Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)

Telephone Number 201-743-3937 Name and Title James Iannicelli, AVP Accident & Health

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

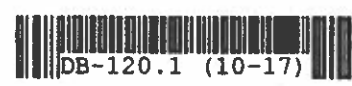
**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



BOARD OF DIRECTORS

January 14, 2020

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- CHAIRMAN

Edward A. Diana
- VICE CHAIRMAN

James DiSalvo
- SECOND VICE CHAIRMAN

Stephen Brescia
- SECRETARY

Michael Gaydos
- ASSISTANT SECRETARY

John McCarey

Denise Quinn

Solomon Getz
360 Middletown Holdings, LLC
4301 15th Ave.
Brooklyn, NY 11219

Dear Mr. Getz:

Please be advised our independent auditor, Loewke Brill Consulting Group, has reviewed the Local Labor Verified Exemption Request you submitted related to the 360 Middletown Holdings, LLC. application for Racking and Shelving Fabrication / Installation at the 360 Crystal Run Road, Middletown NY 10941.

Based on our independent auditor's findings on information you supplied them and related to the Exemption Request, as well as the criteria established by the Orange County Industrial Development Agency, your Local Verified Exemption Request has been approved.

OPERATIONS STAFF

Laurie Villasuso
- CHIEF EXECUTIVE
OFFICER

Melanie Schouten
- CHIEF OPERATING
OFFICER

Edward Januszkiewicz
- CHIEF FINANCIAL OFFICER

Kevin T. Dowd
- ATTORNEY

A copy of this letter approving the exemption from the local labor requirement must be kept on site for the inspector to see when making site visits to monitor for compliance with the local labor requirements.

Should you have any further questions or concerns or would like to discuss in greater detail I can be reached at 845-220-2208.

Sincerely,



Laurie Villasuso
Chief Executive Officer

January 6th, 2020

Laurie Villasuso
Chief Operating Officer
Executive Vice President of Economic Development
Orange County IDA – The Accelerator
4 Crotty Lane, Suite 100
New Windsor, NY 12553

**Project: 360 Middletown Holdings, LLC – Requests for Verified Exemptions
Services Provided: Racking and Shelving Fabrication/Installation**

Titan Rack and Shelving, LLC was hired to fabricate and install a new racking system located at 360 Crystal Run Road, Middletown NY. **Background:**

The applicant, Dov Freund, has worked with Titan Racking and Shelving in the past as they have fabricated and installed racking in his Brooklyn facility. Mr. Freund again hired Titan to fabricate a new system for the Middletown, NY facility. Loewke Brill reached out to John Montgomery of the local millwrights to see if he could provide local labor to install the racking system. Mr. Montgomery provided us with the names of two companies, Adirondack Mechanical and OCS Industries. Both companies responded that they were unable to perform the work. Additionally, we reached out to both Titan and the applicant to see if they could incorporate local labor to assist in the installation. They have both agreed to commit to using 1 or 2 local workers from Eastgate Management Service corp to help with the install.

Based on the specialty nature of the work and a good faith effort to help incorporate local labor, Loewke Brill considers this waiver request to be valid and recommends the waiver to be processed.

Sincerely,

Kevin E Loewke

TITAN RACK & SHELVING, LLC

Office: 4 Zeller dr. Somerset, NJ 08873 • Tel (732) 249-0887
Warehouse: 101 Muirhead Avenue Trenton, NJ 08695 • Tel (609) 695-1988 • Fax (609) 695-8293

Kevin E. Loewke
Loewke Consulting Group
491 Elmgrove Road / Suite 2
Rochester, NJY 14606

RE: **13th Avenue Fish Market**
360 Crystal Run Road
Middletown, NY

December 7, 2020

Kevin:

Please note that after extensive research in the geographic area provided to me, there are no pallet rack installers capable of safely installing the **Pushback** pallet rack at 13th Ave Fish market.

Although the general contractor you provided me with contact information on may be able to erect simple shelving or **Static Select** pallet rack, it would be imprudent to allow a contractor to erect a **dynamic** storage system.

Unless a contractor / installer is experience in erection **moving** pallet rack, there is a possibility of a failure resulting in injury, or death.

In this application, we are supplying a **USED** storage system that will have 2,000-pound pallets on a sled with wheels, on a gravity track 13-15' high - installed in a active freezer.

Because the tolerances of the rack and rails will need to be shimmed and adjusted on site, only a highly trained installer familiar with this equipment will be qualified to complete this job safely.

As discussed, the end user wants to install this material before the end of the year.

Sincerely,



Steve Petercsak
Titan Rack & Shelving, LLC
Sales / Project Manager
Cell 908 202 9180
stevep@titanrackandshelving.com

FW: USED Pushback installation quote

7 messages

stevep@titanrackandshelving.com <stevep@titanrackandshelving.com>

Mon, Dec 21, 2020 at 8:09 AM

To: paulp@adironackmechanical.com, Pincus Freund <sushimavenusa@gmail.com>, kevin@loewkebrill.com

Cc: Scott Email <trslc@optonline.net>

Paul:

I sent you a letter after our discussion last week.

As for mentioned, we need to start this job as soon as the permits are approved by the township – 1-2 weeks from now.

I need a response for the IDA if you are not available or think this job may not be the *proper* fit for your expertise.

Please respond today.

Sincerely,



Stephen Petercsak

Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180

From: stevep@titanrackandshelving.com <stevep@titanrackandshelving.com>

Sent: Monday, December 14, 2020 6:38 PM

To: 'paulp@adironackmechanical.com' <paulp@adironackmechanical.com>

Cc: 'Kristin Tauscher' <trssales@optonline.net>; 'Scott Email' <trslc@optonline.net>; 'kevin@loewkebrill.com' <kevin@loewkebrill.com>; 'Pincus Freund' <sushimavenusa@gmail.com>

Subject: FW: USED Pushback installation quote

Paul:

As per our discussion today, the IDA has given me your contact information regarding a pallet rack erection job in Middletown, NJ.

Unlike static pallet rack, this job is a combination of used Pushback pallet rack compomers from multiple different manufacturers. It will be assembled in a working food distribution warehouse as high as 15' in both ambient and a sub-zero freezer. It will be done in 2 separate phases in Middletown, NY.

Because this is a specialized gravity fed rolling rack system with carts on sled set to specific angles, some onsite modifications will need to be performed at the discretion of the installers based on floor conditions and components that may be out of spec due to re-use and transit.

A list of components to be disassembled and installed are listed below:

Installed used components		Qty
Positions of 2 deep pushback		372
includes frames 15'h / posts / spacers		
rails / carts & beams 8' w		
teardown & band		0
beams 8'w roll form type	96"	100
frames 10-16'h x 42" roll for4m type	11-15'	60
wire decks 42d x 46w		120
Install used components		0
post protectors		7
row end protectors		4

floor angle	3" x 4" x 6-10' long	10
-------------	----------------------	----

load / unload trailers

2

This job was based on a \$6,787.00 installation model and will require you provide banding material.

If you have never erected this type on USED material, please consider the expertise involved with a non-supervised labor installation.

Please get back to me by tomorrow if you can safely install this material and what your costs would be. A floor plan & rack elevation PDF is attached.

Sincerely,



Stephen Petercsak

Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180

 13th aver fish dwg.pdf
613K

Paul Parker <PaulP@adirondackmechanical.com> Mon, Dec 21, 2020 at 8:16 AM
To: "stevep@titanrackandshelving.com" <stevep@titanrackandshelving.com>, Pincus Freund <sushimavenusa@gmail.com>, "kevin@loewkebrill.com" <kevin@loewkebrill.com>
Cc: Scott Email <trsilc@optonline.net>

Stephen,

After review, my company does not have the experience to install this assembly. Thank you for contacting me about this work.

Regards,

Paul

Paul Parker

Project Manager

Adirondack Mechanical Services, LLC

paulp@adirondackmechanical.com

Office (518) 691-0424

Fax (518) 691-0425

Mobile (443) 987-2774

www.adirondackmechanical.com

From: stevep@titanrackandshelving.com <stevep@titanrackandshelving.com>

Sent: Monday, December 21, 2020 8:10 AM

To: Paul Parker <PaulP@adirondackmechanical.com>; 'Pincus Freund' <sushimavenusa@gmail.com>;

kevin@loewkebrill.com

Cc: 'Scott Email' <trslc@optonline.net>

Subject: FW: USED Pushback installation quote

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As for mentioned, we need to start this job as soon as the permits are approved by the township – 1-2 weeks from now.

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Please respond today.

Sincerely,



Stephen Petercsak

Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180

From: stevep@titanrackandshelving.com <stevep@titanrackandshelving.com>
Sent: Monday, December 14, 2020 6:38 PM
To: 'paulp@adironackmechanical.com' <paulp@adironackmechanical.com>
Cc: 'Kristin Tauscher' <trssales@optonline.net>; 'Scott Email' <trslc@optonline.net>; 'kevin@loewkebrill.com' <kevin@loewkebrill.com>; 'Pincus Freund' <sushimavenusa@gmail.com>
Subject: FW: USED Pushback installation quote

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includes frames 15'h / posts / spacers		
rails / carts & beams 8' w		

teardown & band		0
beams 8'w roll form type	96"	100
frames 10-16'h x 42" roll for4m type	11-15'	60
wire decks 42d x 46w		120
Install used components		0
post protectors		7
row end protectors		4
floor angle	3" x 4" x 6-10' long	10

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2

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Sincerely:



Stephen Petercsak

Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180

Stephen Petercsak <stevep@titanrackandshelving.com>

Mon, Dec 21, 2020 at 9:33 AM

To: Paul Parker <PaulP@adironackmechanical.com>

Cc: Pincus Freund <sushimavenusa@gmail.com>, kevin@loewkebrill.com, Scott Email <trslc@optonline.net>

Thank you Paul - We will keep you in mind for future jobs in the tri-state area that would be a better fit your expertise.

Sincerely,

Stephen Petercsak
Sales / Project Manager
Titan Rack & Shelving
cell - 908 202 9180

On Dec 21, 2020, at 8:16 AM, Paul Parker <PaulP@adironackmechanical.com> wrote:

Stephen,

After review, my company does not have the experience to install this assembly. Thank you for contacting me about this work.

Regards,

Paul

Paul Parker
Project Manager
Adironack Mechanical Services, LLC
paulp@adironackmechanical.com

Office (518) 691-0424

Fax (518) 691-0425

Mobile (443) 987-2774

www.adironackmechanical.com

From: stevep@titanrackandshelving.com <stevep@titanrackandshelving.com>

Sent: Monday, December 21, 2020 8:10 AM

To: Paul Parker <PaulP@adironackmechanical.com>; 'Pincus Freund' <sushimavenusa@gmail.com>;
kevin@loewkebrill.com
Cc: 'Scott Email' <trslc@optonline.net>
Subject: FW: USED Pushback installation quote

Paul:

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As for mentioned, we need to start this job as soon as the permits are approved by the township – 1-2 weeks from now.

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Please respond today.

Sincerely,

<image002.jpg>

Stephen Petercsak

Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180

From: stevep@titanrackandshelving.com <stevep@titanrackandshelving.com>
Sent: Monday, December 14, 2020 6:38 PM
To: 'paulp@adironackmechanical.com' <paulp@adironackmechanical.com>
Cc: 'Kristin Tauscher' <trssales@optonline.net>; 'Scott Email' <trslc@optonline.net>;
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Please get back to me by tomorrow if you can safely install this material and what your costs would be. A floor plan & rack elevation PDF is attached.

Sincerely:

<image003.jpg>

Stephen Petercsak

Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180

Kevin Loewke <kevin@loewkebrill.com>
To: Stephen Petercsak <stevep@titanrackandshelving.com>

Wed, Dec 23, 2020 at 3:47 PM

Good afternoon Steve,

Thanks for sending this over. Please let me know if the other companies get back to you. If we don't get responses from those companies by weeks end next week 1/1/20, I will move along with a waiver which will get final approval by the IDA at their next meeting in January

Have a great day

Kevin Loewke

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Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180

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Kevin Loewke
IDA Services Manager
Loewke Brill Consulting Group
491 Elmgrove Road #2
Rochester, NY 14606
585-469-0954 (Cell - Preferred)
585-647-9350 (Office)

stevep@titanrackandshelving.com <stevep@titanrackandshelving.com>
To: Kevin Loewke <kevin@loewkebrill.com>
Cc: Scott Email <trslc@optonline.net>, Pincus Freund <sushimavenusa@gmail.com>

Sat, Dec 26, 2020 at 12:10 PM

Kevin:

As you were copied, I received 1 response, but not the second.

I will copy you on a follow up but the waiver on the 1st (1-1-21) will be appreciated as this is not the type of work these companies have any experience in.

Sincerely:



Stephen Petercsak

Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180

From: Kevin Loewke <kevin@loewkebrill.com>
Sent: Wednesday, December 23, 2020 3:48 PM
To: Stephen Petercsak <stevep@titanrackandshelving.com>
Subject: Re: FW: USED Pushback installation quote

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Project Manager

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491 Elmgrove Road #2
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Cc: Scott Email <trslfc@optonline.net>, Pincus Freund <sushimavenusa@gmail.com>

Sat, Dec 26, 2020 at 12:13 PM

Understood Steve

However, the IDA has final say on all waivers and you have to wait until final approval before the company begins. Waivers are supposed to be submitted at least 45 days prior to the company being on site, per the documentation provided to the applicant. If we've exhausted all local options and you aren't receiving bids, we can recommend approval, but again IDA board has final say.

Please send me the info on the companies contacted and their responses if any.

Thanks

Kevin

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6 attachments

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 **image005.jpg**
7K

 **image006.jpg**
7K

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7K

 **image004.jpg**
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To: Kevin Loewke <kevin@loewkebrill.com>, Pincus Freund <sushimavenusa@gmail.com>, Scott Email <trslc@optonline.net>

This is the 1st "pass"

Sincerely,

Stephen Petercsak
Sales / Project Manager
Titan Rack & Shelving
cell - 908 202 9180

Begin forwarded message:

From: Stephen Petercsak <stevep@titanrackandshelving.com>
Date: December 21, 2020 at 9:33:29 AM EST
To: Paul Parker <PaulP@adirondackmechanical.com>
Cc: Pincus Freund <sushimavenusa@gmail.com>, kevin@loewkebrill.com, Scott Email <trslc@optonline.net>
Subject: Re: USED Pushback Installation quote

Thank you Paul - We will keep you in mind for future jobs in the tri-state area that would be a better fit your expertise.

Sincerely,

Stephen Petercsak
Sales / Project Manager
Titan Rack & Shelving
cell - 908 202 9180

On Dec 21, 2020, at 8:16 AM, Paul Parker <PaulP@adirondackmechanical.com> wrote:

Stephen,

After review, my company does not have the experience to install this assembly. Thank you for contacting me about this work.

Regards,

Paul

Paul Parker
Project Manager
Adirondack Mechanical Services, LLC
paulp@adirondackmechanical.com

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<image003.jpg>

Stephen Petercsak

Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180

FW: USED Pushback installation quote - IDA referral Middletown NY

3 messages

stevep@titanrackandshelving.com <stevep@titanrackandshelving.com> Sun, Dec 27, 2020 at 2:06 PM
To: jdowley@ocsindustries.com, Kristin Tauscher <trssales@optonline.net>, Kevin Loewke <kevin@loewkebrill.com>, Pincus Freund <sushimavenusa@gmail.com>, Scott Email <trslc@optonline.net>

John:

I spoke to you and sent an email 2 weeks ago regarding an IDA referral for a customer in Middletown NY (see previous emails below).

I need an answer if you are not interested / available for the IDA so we can proceed in the next few weeks.

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Cell: signature[908 202 9180

From: stevep@titanrackandshelving.com <stevep@titanrackandshelving.com>
Sent: Monday, December 21, 2020 8:09 AM
To: 'jdowley@ocsindustries.com' <jdowley@ocsindustries.com>; 'Pincus Freund' <sushimavenusa@gmail.com>; 'kevin@loewkebrill.com' <kevin@loewkebrill.com>
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Project Manager

Cell: signature[908 202 9180

From: stevep@titanrackandshelving.com <stevep@titanrackandshelving.com>

Sent: Monday, December 14, 2020 6:36 PM

To: 'jdowley@ocsindustries.com' <jdowley@ocsindustries.com>; 'kevin@loewkebrill.com' <kevin@loewkebrill.com>

Cc: 'Kristin Tauscher' <trssales@optonline.net>; 'Scott Email' <trslc@optonline.net>; 'Pincus Freund' <sushimavenusa@gmail.com>

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Cell: signature[908 202 9180

 **13th aver fish dwg.pdf**
613K

John Dowley <jdowley@ocsindustries.com>

Sun, Dec 27, 2020 at 3:00 PM

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Cc: Kristin Tauscher <trssales@optonline.net>, Kevin Loewke <kevin@loewkebrill.com>, Pincus Freund <sushimavenusa@gmail.com>, Scott Email <trslc@optonline.net>

Steve,

I've been going through this with our rigging team, and we agreed that we cannot perform the work internally. The local Millwrights should have a qualified experienced foreman that can handle it. I will forward the request to John Montgomery and see if he's got a good resource for you.

Thank you,

John M Dowley, Jr
Senior Estimator/Project Manager
OCS Industries, Inc
33 Fini Drive, Middletown, NY 10941
(845) 692-8450 Office
(845) 692-8461 Fax
(845) 238-0449 Cell

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<image008.jpg>

[Quoted text hidden]

<image009.jpg>

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Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180

<13th aver fish dwg.pdf>

3 attachments



image007.jpg
7K



image008.jpg
7K



image009.jpg
7K

step@titanrackandshelving.com <step@titanrackandshelving.com>

Sun, Dec 27, 2020 at 3:07 PM

To: John Dowley <jdowley@ocsindustries.com>

Cc: Kristin Tauscher <trssales@optonline.net>, Scott Email <trsllc@optonline.net>, Pincus Freund <sushimavenusa@gmail.com>, Kevin Loewke <kevin@loewkebrill.com>

John:

Thank you – but we do have our own highly skilled / qualified installation team.

]

Sincerely:



[Quoted text hidden]

Reminder

Rochel <rmilworm@freundsfish.com>

Tue, Jan 5, 2021 at 12:13 PM

To: Kevin Loewke <kevin@loewkebrill.com>

Cc: Pincus Freund <sushimavenusa@gmail.com>, "Tzvi D. Freund" <dovfish@gmail.com>

Hi,

we have retained Eastgate group to oversee the racking installation.

Project manager from eastgate will be on site to assist with the project his name is Craig Benson, and lives in Middletown NY.

Thank you.

Rochel Milworm,

Freunds Fish Market

A:4301 15th ave

P:718-517-8515

E:rmilworm@freundsfish.com

On Tue, Jan 5, 2021 at 12:08 PM Pincus Freund <sushimavenusa@gmail.com> wrote:

----- Forwarded message -----

From: **Dov Freund** <dovfish@gmail.com>

Date: Tue, Jan 5, 2021 at 10:52 AM

Subject: Fwd: Reminder

To: Pinchus Freund <sushimavenusa@gmail.com>

[Quoted text hidden]

RE: 360 CR Rd racking appl -attached permit

2 messages

stevep@titanrackandshelving.com <stevep@titanrackandshelving.com>

Tue, Jan 5, 2021 at 11:35 AM

To: Delores Musone <dmusone@townofwallkill.com>, Pincus Freund <sushimavenusa@gmail.com>, Scott Email <trslc@optonline.net>

Cc: sg@freundsfish.com, Kevin Loewke <kevin@loewkebrill.com>

Delores:

See attached permit.

Kevin:

It is my understanding, post a conversation with Pincus Freund from **13th Ave Fish Market**, that his company will contract 1 or 2 local workers based on your request.

As you can see, we received our building permit and the end user is anxious to start the installation. Anything you can do to accelerate the exemption process would be appreciated.

Sincerely,



Stephen Petercsak

Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180

From: Delores Musone <dmusone@townofwallkill.com>
Sent: Wednesday, December 30, 2020 11:10 AM
To: stevep@titanrackandshelving.com
Cc: sg@freundsfish.com
Subject: FW: 360 CR Rd racking appl –please sign and return

Good Morning Steve,

Thank you for your NYS WC certificate I received earlier today.

1. Please sign and email back the attached racking permit for Freund's Fish.

2. After all racking work has been completed:

Seismic Eng –complete and email pdf of attached final engineer affidavit

Titan Racking-complete/notarize final gc ppwk and email pdf

3. Request final inspection for certificate: email inspectionrequest@townofwallkill.com with BP-20-0902 in the subject line by 3pm for the next business day.

Best Regards,

Delores Musone

Building Dept. Office Mgr

Commercial Permits

99 Tower Dr., Bldg A

Middletown, NY 10941

From: Delores Musone
Sent: Wednesday, December 23, 2020 11:57 AM
To: 'stevep@titanrackandshelving.com' <stevep@titanrackandshelving.com>
Cc: 'sg@freundsfish.com' <sg@freundsfish.com>; 'sushimavenusa@gmail.com' <sushimavenusa@gmail.com>; Frank

Leva <leva@townofwallkill.com>

Subject: FW: 360 CR Rd racking appl --need NY State Worker's Comp for

Good Morning Steve,

I am just following up on getting a copy of your New York State worker's comp certificate made out to the Town of Wallkill so we can issue the Freund Fish racking application.

Please forward pdf so we can issue the racking permit. Your NYS WC is the only thing holding up the permit.

Regards,

Delores Musone

Building Dept. Office Mgr

Commercial Permits

99 Tower Dr., Bldg A

Middletown, NY 10941

From: Delores Musone

Sent: Wednesday, December 2, 2020 10:36 AM

To: 'stevep@titanrackandshelving.com' <stevep@titanrackandshelving.com>

Cc: 'Solomon Getz' <sg@freundsfish.com>; 'sushimavenusa@gmail.com' <sushimavenusa@gmail.com>

Subject: FW: 360 CR Rd racking appl --need NY State Worker's Comp for

Good Morning Steve,

The racking permit application is being reviewed by the inspector. In the meantime, **please email a NY State Worker's Comp certificate made out to the Town of Wallkill**. The forms accepted are noted below, on the permit application, and also on the attachment. *If you do not have NY State Worker's Comp policy*, then proceed to the NY State website to file for an exemption form-see last attachment.

Have a nice day,

Delores Musone

Building Dept. Office Mgr

Commercial Permits

99 Tower Dr., Bldg A

Middletown, NY 10941

From: Delores Musone
Sent: Tuesday, November 17, 2020 3:52 PM
To: 'stevep@titanrackandshelving.com' <stevep@titanrackandshelving.com>
Cc: 'Pincus Freund' <sushimavenusa@gmail.com>; 'CEO' <trslc@optonline.net>
Subject: 360 CR Rd racking appl

Good Afternoon Steve,

Please see attached.

Please submit:

- 1.) Completed application page and property owner's notarized affidavit
- 2.) one paper set of signed/wet-sealed plans from NYS licensed design professional
- 3.) one full set of signed/wet sealed plans in pdf format on thumb drive
- 4.) **NYS WC (PDF)certificate C105.2 or u26.3 from GC made out to the Town of Wallkill—**
- 6.) Fee-check made payable to Town of Wallkill-\$.45sq ft. + \$50 cert fee-must be submitted with application

Please submit all docs to my attention either in the drop box or at Town Hall 10a-12noon or 1p-4pm

Have a nice afternoon,

Delores Musone

Building Dept. Office Mgr

Commercial Permits

99 Tower Dr., Bldg A

Middletown, NY 10941

From: stevep@titanrackandshelving.com <stevep@titanrackandshelving.com>
Sent: Tuesday, November 17, 2020 3:39 PM
To: Delores Musone <dmusone@townofwallkill.com>
Cc: 'Pincus Freund' <sushimavenusa@gmail.com>; 'CEO' <trslc@optonline.net>
Subject: [Possible SPAM] Permit document blanks
Importance: Low

Delores:

As per our discussion, please send me the necessary forms for the building application for erecting pallet rack at 360 Crystal Run Road, Middletown NY.

I will forward them to the owner of the building and pick up the signed copies prior to dropping them off to your office on Friday of this week.

Sincerely,



Stephen Petercsak

Titan Rack & Shelving, llc.

Project Manager

Cell: signature[908 202 9180]



13th ave building permit pg 1.jpeg
327K

Kevin Loewke <kevin@loewkebrill.com>

Wed, Jan 6, 2021 at 8:00 AM

To: Stephen Petercsak <stevep@titanrackandshelving.com>

Cc: Delores Musone <dmsone@townofwalkill.com>, Pincus Freund <sushimavenusa@gmail.com>, Scott Email <trslc@optonline.net>, Solomon Getz <sg@freundsfish.com>

Good morning Steve,

Thanks for reaching out. The OCIDA board meeting is next Thursday 1/14/21, but I will let them know of the rush. It is important they have final approval, otherwise the job will be in violation of the policy. I will let you know ASAP what the IDA chooses to do.

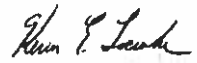
Additionally, as is another IDA requirement, we need an accord form with your insurance coverages. This includes General Liability, Corporate Auto, Umbrella (if necessary), Workers Comp, and NYS DBL insurance. This must be provided in advance of the company starting on the job

Thanks,

Kevin Loewke

[Quoted text hidden]

--



Kevin Loewke

IDA Services Manager

Loewke Brill Consulting Group

491 Elmgrove Road #2

Rochester, NY 14606

585-469-0954 (Cell - Preferred)

585-647-9350 (Office)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/11/2021

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Rampart Brokerage Corp. 1983 Marcus Avenue, Suite C130 Lake Success, NY 11042 516 538-7000	CONTACT NAME: PHONE (A/C, No, Ext): 516 538-7000 FAX (A/C, No): 15163903555 E-MAIL ADDRESS: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Kinsale Ins Co NAIC # 38920 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Titan Rack and Shelving LLC 4 Zeller Drive Somerset, NJ 08873	

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		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PI Ded:2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	x	x	01000465543	01/15/2020	01/15/2021	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GENERAL AGGREGATE	\$2,000,000						
	PRODUCTS - COMPROP AGG	\$2,000,000						
		\$						
	COMBINED SINGLE LIMIT (Ea accident)	\$						
	BODILY INJURY (Per person)	\$						
	BODILY INJURY (Per accident)	\$						
	PROPERTY DAMAGE (Per accident)	\$						
		\$						
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			01000878121	01/15/2020	01/15/2021	EACH OCCURRENCE	\$4,000,000
							AGGREGATE	\$4,000,000
		\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All coverages are subject to policy terms, conditions and exclusions. Additional insured vendors - as required by written contract or agreement (blanket) included on the general liability coverage as per form CAS5019 0319 (attached). Blanket Waiver of subrogation and primary & non-contributory coverage included on the general liability coverage as required by written contract or agreement.

CERTIFICATE HOLDER Orange County IDA 4 Crotty Lane, Suite 100 New Windsor, NY 12553	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
---	--

CERTIFICATE OF LIABILITY INSURANCE

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.

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PRODUCER: Rampart Brokerage Corp. 1983 Marcus Avenue, Suite C130 Lake Success, NY 11042 516 538-7000
INSURED: Titan Rack and Shelving LLC 4 Zeller Drive Somerset, NJ 08873
CONTACT NAME:
PHONE (A/C, No, Ext): 516 538-7000 FAX (A/C, No): 15163903555
INSURER(S) AFFORDING COVERAGE: INSURER A: Kinsale Ins Co NAIC #: 38920

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All coverages are subject to policy terms, conditions and exclusions. Additional insured vendors - as required by written contract or agreement (blanket) included on the general liability coverage as per form CAS5019 0319 (attached). Blanket Waiver of subrogation and primary & non-contributory coverage included on the general liability coverage as required by written contract or agreement.

CERTIFICATE HOLDER: Orange County IDA 4 Crotty Lane, Suite 100 New Windsor, NY 12553
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: Stanley Harris



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/11/2021

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PRODUCER Lubowicki Insurance Agency, Inc. 400 New Durham Rd. Metuchen, NJ 08840 Phone (732) 549-2222 Fax (732) 549-2773		CONTACT NAME: PHONE (A/C No. Ext): (732) 549-2222 FAX (A/C No.): (732) 549-2773 E-MAIL: leanne@lubo.com ADDRESS:	
INSURED Titan Rack & Shelving LLC 4 Zeller Drive Somerset NJ 08873		INSURER(S) AFFORDING COVERAGE	
		INSURER A: AmGuard Insurance Company	
		INSURER B: The Charter Oak Fire Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDRESS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>		TIAU284288	01/07/2021	01/07/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	UB-6N566807-20-42-G	06/20/2020	06/20/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Orange County IDA
4 Crotty Lane, Suite 100
New Windsor, NY 12553

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

SHELTERPOINT LIFE INSURANCE COMPANY

TITAN RACK AND SHELVING, LLC

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

SHELTERPOINT LIFE INSURANCE COMPANY
1225 FRANKLIN AVENUE, STE 475
GARDEN CITY, NY 11530

PHONE: 800-365-4999

Policy #: DBL631590 Effective From: 01/28/2021 To: 01/27/2022

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:

All Employees Eligible Under New York State Disability Benefits Law

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

DB-120 (11-17)

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/12/2021

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PRODUCER M & D Brokerage, Inc. Mailing-22 Hayes Ct Suite 202 Location-161 Acres Rd Suite 201 Monroe NY 10950-6424	CONTACT NAME: Morris Braver PHONE (A/C No. Ext): (845) 783-0291 E-MAIL ADDRESS: info@mdbrokerage.com FAX (A/C No): (845) 782-7393																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>GREENWICH INS CO</td> <td>22322</td> </tr> <tr> <td>INSURER B :</td> <td>NGM INS CO</td> <td>14788</td> </tr> <tr> <td>INSURER C :</td> <td>HARTFORD ACCIDENT & IND CO</td> <td>22357</td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	GREENWICH INS CO	22322	INSURER B :	NGM INS CO	14788	INSURER C :	HARTFORD ACCIDENT & IND CO	22357	INSURER D :			INSURER E :			INSURER F :	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A :	GREENWICH INS CO	22322																			
INSURER B :	NGM INS CO	14788																			
INSURER C :	HARTFORD ACCIDENT & IND CO	22357																			
INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED Garfield Plumbing & Heating Inc. P.O. BOX 392 Harriman NY 10926																					

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPC-1000875-01	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			B1U8274Z	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NEC-6005152-02	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 PR/COMP OPS AGG \$ 4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y	16WECAG2VSA	06/16/2020	06/16/2021	PER STATUTE OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

As per policy forms, conditions, exclusions, and language.

CERTIFICATE HOLDER**CANCELLATION**

13TH AVE FISH MARKET, INC

360 CRYSTAL RUN RD
MIDDLETOWN

NY 10941

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/20/2022

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 have ADDITIONAL INSURED provisions or 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 M & D Brokerage, Inc. OVERNIGHT/LOC.-161 Acres Rd Suite 201 MAILING - 22 Hayes court #202 Monroe NY 10950-6424		CONTACT NAME: Morris Braver PHONE (A/C No. Ext): (845) 783-0291 E-MAIL ADDRESS: info@mdbrokerage.com FAX (A/C No): (845) 782-7393	
INSURED Garfield Plumbing & Heating Inc. P.O. BOX 392 Harriman NY 10926-0392		INSURER(S) AFFORDING COVERAGE	
		INSURER A: GREENWICH INS CO	NAIC # 22322
		INSURER B: XL SPECIALTY INS CO	37885
		INSURER C: HARTFORD ACCIDENT & IND CO	22357
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPC-1000875-02	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			NBA-1004853-00	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			NEC-6005152-03	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 PR/COMP OPS AGG \$ 4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	16WECAG2VSA	06/16/2021	06/16/2022	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

As per policy forms, conditions, exclusions, and language.

CERTIFICATE HOLDER**CANCELLATION**

13th Avenue Fish Market 360 Crystal Run Rd Middletown NY 10941	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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CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
GARFIELD PLUMBING & HEATING, INC.
PO BOX 392
HARRIMAN, NY 10926
1b. Business Telephone Number of Insured
845-782-4451
1c. Federal Employer Identification Number of Insured or Social Security Number
421594884
2. Name and Address of Entity Requesting Proof of Coverage
13th Avenue Fish Market Inc
360 Crystal Run Rd
Middletown, NY 10941
3a. Name of Insurance Carrier
ShelterPoint Life Insurance Company
3b. Policy Number of Entity Listed in Box "1a"
DBL585443
3c. Policy effective period
01/01/2021 to 12/31/2021

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[] B. Disability benefits only.
[] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 1/14/2021 By [Signature]
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF INSURANCE COVERAGE
NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only)
GARFIELD PLUMBING & HEATING, INC.
PO BOX 392
HARRIMAN, NY 10926
1b. Business Telephone Number of Insured
1c. Federal Employer Identification Number of Insured or Social Security Number
421594884
2. Name and Address of Entity Requesting Proof of Coverage
13TH AVENUE FISH MARKET
360 CRYSTAL RUN RD
MIDDLETOWN, NY 10941
3a. Name of Insurance Carrier
ShelterPoint Life Insurance Company
3b. Policy Number of Entity Listed in Box "1a"
DBL585443
3c. Policy effective period
01/01/2022 to 12/31/2022

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[] B. Disability benefits only.
[] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 1/28/2022 By [Signature]
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.
Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/22/2021

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.

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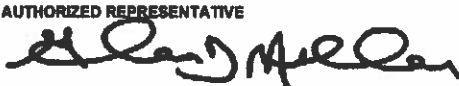
PRODUCER Miller & Miller Insurance Agency Inc 720 Commerce Street Thornwood NY 10594	CONTACT NAME: Joseph Rush	
	PHONE (A/C No. Ext): 914-741-6400	FAX (A/C No): 914-741-6407
E-MAIL ADDRESS: josephr@miller-ins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: NAUTILUS INS CO		17370
INSURER B: NORGUARD INS CO		31470
INSURER C: New York State Insurance Fund		36102
INSURER D: Traveler Pro Cas Co of America		36161
INSURER E: Republic Franklin Ins Co		673
INSURER F:		

INSURED ACTIV-2 CERTIFICATE NUMBER: 1024084476 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y		ECP202815012	5/4/2020	5/4/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			5342262 5342256	5/4/2020 5/4/2020	5/4/2021 5/4/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			FFX202815112	5/4/2020	5/4/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	ACWC137268 23880032	5/1/2020 5/1/2020	5/1/2021 5/1/2021	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A D	Professionals/E&O Contractors Equipment			ECP202815012 6806G988233	5/4/2020 12/29/2020	5/4/2021 12/29/2021	Professional E&O 1,000,000 Leased/Rented Equip 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Policies shown are subject to terms, conditions, exclusions, sublimits and deductibles not listed on this certificate. We recommend that requests for policy copies be directed to the Named insured shown above.
 Certificate Holder is additional insured as REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER 13th Avenue Fish Market 360 Crystal Run Road Middletown NY 10941	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/28/2021

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.

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PRODUCER Miller & Miller Insurance Agency Inc 720 Commerce Street Thornwood NY 10594	CONTACT NAME: Joseph Rush	
	PHONE (A/C, No, Ext): 914-741-6400	FAX (A/C, No): 914-741-6407
E-MAIL ADDRESS: josephr@miller-ins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Active Fire Protection, Inc. Joel Chaim 26 Rhuzin Road Ste 301 Monroe NY 10950	INSURER A : NAUTILUS INS CO	17370
	INSURER B : NORGUARD INS CO	31470
	INSURER C : New York State Insurance Fund	36102
	INSURER D : Traveler Pro Cas Co of America	36161
	INSURER E : Republic Franklin Ins Co	673
	INSURER F : Shelter Life Insurance Co	65757

COVERAGES CERTIFICATE NUMBER: 1036807577 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		ECP202615012	5/4/2020	5/4/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			5342262 5342256	5/4/2020 5/4/2020	5/4/2021 5/4/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			FFX202615112	5/4/2020	5/4/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	ACWC137268 23880032	5/1/2020 5/1/2020	5/1/2021 5/1/2021	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A D F	Professional/E&O Contractors Equipment NY Disability			ECP202615012 6608G988233 D595044	5/4/2020 12/29/2020 1/1/2021	5/4/2021 12/29/2021 1/1/2022	Professional E&O 1,000,000 Leased/Rented Equip 25,000 NYDBL Statutory

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Policies shown are subject to terms, conditions, exclusions, sublimits and deductibles not listed on this certificate. We recommend that requests for policy copies be directed to the Named Insured shown above.
Certificate Holder is additional insured as REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER 13th Avenue Fish Market 360 Crystal Run Road Middletown NY 10941	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2021

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.

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PRODUCER Miller & Miller Insurance Agency Inc 720 Commerce Street Thornwood NY 10594	CONTACT NAME: Joseph Rush	
	PHONE (A/C, No, Ext): 914-741-6400	FAX (A/C, No): 914-741-6407
E-MAIL ADDRESS: josephr@miller-ins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : NAUTILUS INS CO		17370
INSURER B : NORGUARD INS CO		31470
INSURER C : New York State Insurance Fund		36102
INSURER D : Traveler Pro Cas Co of America		36161
INSURER E : Republic Franklin Ins Co		673
INSURER F : Shelter Life Insurance Co		65757

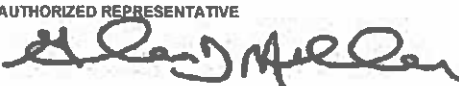
INSURED Active Fire Protection, Inc. **ACTIV-2** Joel Chaim
26 Rhuzin Road Ste 301
Monroe NY 10950

COVERAGES **CERTIFICATE NUMBER:** 813353176 **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.

INSTR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y		ECP202615013	5/4/2021	5/4/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			5342262 5342256	5/4/2021 5/4/2021	5/4/2022 5/4/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			FFX202615113	5/4/2021	5/4/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	ACWC254325 23880032	5/1/2021 5/1/2021	5/1/2022 5/1/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A D F	Professional E&O Contractors Equipment NY Disability			ECP202615013 6606G988233 D595044	5/4/2021 12/29/2020 1/1/2021	5/4/2022 12/29/2021 1/1/2022	Professional E&O 1,000,000 Leased/Rented Equip 25,000 NYDBL Statutory

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Policies shown are subject to terms, conditions, exclusions, sublimits and deductibles not listed on this certificate. We recommend that requests for policy copies be directed to the Named Insured shown above.
 Certificate Holder is additional insured as REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER 13th Avenue Fish Market 360 Crystal Run Road Middletown NY 10941	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/13/2022

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).

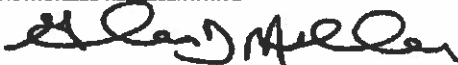
PRODUCER Miller & Miller Insurance Agency Inc 720 Commerce Street Thornwood NY 10594	CONTACT NAME: Joseph Rush PHONE (A/C No, Ext): 914-741-6400 FAX (A/C, No): 914-741-6407 E-MAIL ADDRESS: josephr@miller-ins.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Active Fire Protection, Inc. 26 Rhuzin Road Ste 301 Monroe NY 10950	ACTIV-2	INSURER A: NAUTILUS INS CO NAIC # 17370 INSURER B: NORGUARD INS CO 31470 INSURER C: New York State Insurance Fund 36102 INSURER D: Traveler Pro Cas Co of America 36161 INSURER E: Republic Franklin Ins Co 673 INSURER F: ShelterPoint 65757

COVERAGES **CERTIFICATE NUMBER:** 1811367628 **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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		ECP202615014	5/4/2022	5/4/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			5342262 5342256	5/4/2022 5/4/2022	5/4/2023 5/4/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			FFX202615114	5/4/2022	5/4/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	ACWC302319 23880032	5/1/2022 5/1/2022	5/1/2023 5/1/2023	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A D F	Professional/E&O Contractors Equipment NY Disability			ECP202615014 6606G986233 D595044	5/4/2022 12/29/2021 1/1/2021	5/4/2023 12/29/2022 1/1/2025	Professional E&O 1,000,000 Leased/Rented Equip 25,000 NYDBL Statutory

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Policies shown are subject to terms, conditions, exclusions, sublimits and deductibles not listed on this certificate. We recommend that requests for policy copies be directed to the Named Insured shown above.
 Certificate Holder is additional insured as REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER 13th Avenue Fish Market 360 Crystal Run Road Middletown NY 10941	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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/26/2021

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 have ADDITIONAL INSURED provisions or 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 Hudson Valley Agents 99 West Main St Walden NY 12586	CONTACT NAME: Kathryn Livingston	
	PHONE (A/C, No, Ext): 8457782141	FAX (A/C, No):
	E-MAIL ADDRESS: kathy@hvagents.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: PREFERRED MUT INS CO	NAIC #: 15024
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BOP0100722481	04/19/2020	04/19/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER 13th Ave Fish Market 360 Crystal Run Rd. Middletown NY 10941	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 <i>David J. Bonne</i>

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/25/2021

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.

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PRODUCER Hudson Valley Agents 99 West Main St Walden NY 12586		CONTACT NAME: David Bonne PHONE (A/C, No, Ext): 8457782141 FAX (A/C, No): E-MAIL ADDRESS: davejr@hvagents.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
William Kimmel Enterprises, Inc PO Box 1001 Glenham, NY, 12527, United States		INSURER A: PREFERRED MUT INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 15024

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BOP0100722481	04/19/2020	04/19/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PCA0100708582	01/14/2021	01/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEED <input type="checkbox"/> RETENTION \$			UC0100612891	04/19/2020	04/19/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

13th Ave Fish Market
 360 Crystal Run Rd.
 Middletown NY 10941

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
David J. Bonne

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/2/2021

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.

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PRODUCER Hudson Valley Agents 99 West Main St Walden NY 12586		CONTACT NAME: Crystal Senkewich PHONE (A/C, No, Ext): 8457782141 E-MAIL ADDRESS: crystal@hvagents.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : PREFERRED MUT INS CO	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
INSURED William Kimmel Enterprises, Inc PO Box 1001 Glenham, NY, 12527, United States		NAIC # 15024	

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BOP0100722481	04/19/2021	04/19/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PCA0100708582	01/14/2021	01/14/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			UC0100612891	04/19/2021	04/19/2022	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**

13th Ave Fish Market 360 Crystal Run Rd. Middletown NY 10941	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 <i>David J. Bonne</i>
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**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name and address of Insured (use street address only)</p> <p>WILLIAM KIMMEL ENTERPRISES INC 7 STONE ST BEACON, NY 12508</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 845-629-3209</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 59-3827505</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>13th Avenue Fish Market 360 CRYSTAL RUN RD MIDDLETOWN NY 10941-4069</p>	<p>3a. Name of Insurance Carrier Property and Casualty Insurance Company of Hartford 34690</p> <p>3b. Policy Number of Entity Listed in Box "1a": 76 WEG ER9032</p> <p>3c. Policy effective period: 01/01/2021 to 01/01/2022</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input type="checkbox"/> Included. (Only check box if all partners/officers included)</p> <p><input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the Insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

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 policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Worker's Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Danielle Clausen
(print name of authorized representative or licensed agent of insurance carrier)

Approved by: Danielle Clausen 01/26/2021
(Signature) (Date)

Title: Operations Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: (877) 287-1312

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



**CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only) WILLIAM KIMMEL ENTERPRISES INC PO BOX 1001 GLENHAM, NY 12527</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 845-778-2141</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 593827505</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) 13th Ave Fish Market 360 Crystal Run Rd Middletown, NY 10941</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL260708</p> <p>3c. Policy effective period 09/27/2020 to 09/26/2021</p>


4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.
 B. Disability benefits only.
 C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
 B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 1/28/2021 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

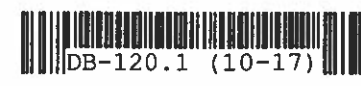
**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/11/2021

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 have ADDITIONAL INSURED provisions or 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 M & D Brokerage, Inc. Mailing-22 Hayes Ct Suite 202 Location-161 Acres Rd Suite 201 Monroe NY 10950-6424		CONTACT NAME: Morris Braver PHONE (A/C No. Ext): (845) 783-0291 E-MAIL ADDRESS: info@mdbrokerage.com FAX (A/C No.): (845) 782-7393	
INSURED Power Air Heating & Cooling Corp. 51 Forest Road 316-202 Monroe NY 10950		INSURER(S) AFFORDING COVERAGE	
		INSURER A: OHIO SECURITY INS CO	NAIC # 24082
		INSURER B: OHIO CAS INS CO	NAIC # 24074
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BLS62574124	03/16/2021	03/16/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			USO62574124	03/16/2021	03/16/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 PR/COMP OPS AGG \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

As per policy forms, conditions, exclusions, and language.

CERTIFICATE HOLDER**CANCELLATION**

13th Avenue Fish Market 360 Crystal Run Road Middletown NY 10941	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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COMMERCIAL AUTO
NY CA DS 03 10 14
 Direct Bill
 AMENDED BUSINESS
 04/22/2021

BUSINESS AUTO DECLARATIONS

POLICY NO.: PCA 0100720296

PREFERRED MUTUAL INSURANCE COMPANY ONE PREFERRED WAY NEW BERLIN, NY 13411	MBIA LLC 67 EAST BROADWAY MONTICELLO, NY 12701 031000700
---	---

ITEM ONE

NAMED INSURED: POWER AIR HEATING AND COOLING CORP.

MAILING ADDRESS: 51 FOREST RD #316-202
MONROE, NY 10950

POLICY PERIOD: From 04/22/2021 to 04/22/2022 at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: PCA 0100720296

BUSINESS DESCRIPTION: CONTRACTOR

FORM OF BUSINESS:

- CORPORATION
 LIMITED LIABILITY COMPANY
 INDIVIDUAL
 PARTNERSHIP
 OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

PREMIUM FOR ENDORSEMENTS	\$704.00
*ESTIMATED TOTAL PREMIUM	\$27,407.00

*This policy may be subject to final audit.

Premium shown is payable:	\$		at inception.					
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/>	ANNUALLY	<input type="checkbox"/>	SEMI-ANNUALLY	<input type="checkbox"/>	QUARTERLY	<input type="checkbox"/>	MONTHLY

DESCRIPTION OF CHANGE: END # 1 Add 2021 Ford/0578, Add'l Premium of \$ 2743 kjs

COUNTERSIGNED 03/10/2021 BY _____
 (Date) (Authorized Representative)

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 274605341
M & D BROKERAGE INC
C/O BRAVER
22 HAYES CT #202
MONROE NY 10950



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER POWER AIR HEATING AND COOLING CORP. 51 FOREST ROAD, 316-202 MONROE NY 10950	CERTIFICATE HOLDER 13TH AVENUE FISH MARKET 360 CRYSTAL RUN ROAD MIDDLETOWN NY 10941
--	---

POLICY NUMBER W2487 152-7	CERTIFICATE NUMBER 510732	POLICY PERIOD 10/25/2020 TO 10/25/2021	DATE 5/11/2021
-------------------------------------	-------------------------------------	--	--------------------------

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2487 152-7, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT
MENDY TELLER
VICE PRESIDENT
JOEL KOHEN
POWER AIR HEATING AND COOLING CORP
(2 OF 2)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 458920632



**CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only) POWER AIR HEATING AND COOLING CORP. 51 FOREST ROAD, 316-202 MONROE, NY 10950</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 8455375855</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 27-4605341</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) 13th Avenue Fish Market 360 Crystal Run Road Middletown, NY 10941</p>	<p>3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York</p> <p>3b. Policy Number of Entity Listed in Box "1a" R00321-000</p> <p>3c. Policy effective period 10/25/2011 to 5/10/2022</p>

4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.
 B. Disability benefits only.
 C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
 B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 5/11/2021 By *Bela J. Popiel*
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/20/2021

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PRODUCER Lebaum Company, Inc. P. O. Box 450 Monsey, New York 10952	Phone: (845)425-1000 Fax: (845)425-1759	CONTACT NAME: Lebaum Company, Inc. PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: Crum & Forster Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 44520
INSURED Prime Security & Communication, Inc. 382 Route 59, Suite 336 Monsey, NY 10952			

COVERAGES

CERTIFICATE NUMBER: 2

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GLO066909	8/31/2020	8/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

Holder's Nature of Interest: Certificate Holder
 13th Ave. Fishmarket
 360 Crystal Run Rd
 Middletown, NY 10941

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/1/2021

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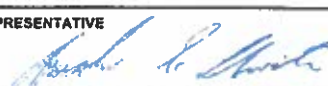
PRODUCER Lebaum Company, Inc. P. O. Box 450 Monsey, New York 10952	Phone: (845)425-1000 Fax: (845)425-1759	CONTACT NAME: Lebaum Company, Inc. PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:																				
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COVERAGES **CERTIFICATE NUMBER:** 2 **REVISION NUMBER:**

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL0083153	8/31/2021	8/31/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER Holder's Nature of Interest : Certificate Holder 13th Ave. Fishmarket 360 Crystal Run Rd Middletown, NY 10941	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/21/2021

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PRODUCER  State Farm Insurance Richardson Agency 2201 Avenue U BROOKLYN, NY 11229	CONTACT NAME: Michael Bailey PHONE (A/C, No, Ext): 7189753420 FAX (A/C, No): E-MAIL ADDRESS: coi@weinsureny.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>State Farm Mutual Automobile Insurance Company</td> <td>25178</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	State Farm Mutual Automobile Insurance Company	25178	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**


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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		256 3102-E02-32A 256 3103-E02-32 256 3104-E02-32 256 3105-E02-32	11/02/2020 11/02/2020 11/02/2020 11/02/2020	11/02/2021 11/02/2021 11/02/2021 11/02/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

256 3106-E02-32, 256 3107-E02-32 are also insured with the same effective dates and limits

CERTIFICATE HOLDER**CANCELLATION**

13th Avenue Fish Market 360 Crystal Run Rd Middletown NY 10942	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/29/2021

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 have ADDITIONAL INSURED provisions or 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 State Farm Insurance Richardson Agency 2201 Avenue U BROOKLYN, NY 11229	CONTACT NAME: Michael Bailey PHONE (A/C, No, Ext): 7189753420 E-MAIL ADDRESS: coi@weinsurenyc.com FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Prime Security & Communication INC 382 Route 59 STE 336 Airmont NY 10952	NAIC # 25178

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			256 3102-E02-32A 256 3103-E02-32 256 3104-E02-32 256 3105-E02-32	11/02/2021 11/02/2021 11/02/2021 11/02/2021	11/02/2022 11/02/2022 11/02/2022 11/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
277 7331-D13-32, 256 3107-E02-32, 256 3106-E02-32 are also insured with the same effective dates and limits

CERTIFICATE HOLDER **CANCELLATION**

13th Avenue Fish Market 360 Crystal Run Rd Middleton NY 10942	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 <i>Michael Bailey</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/17/2023

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 have ADDITIONAL INSURED provisions or 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  STATE FARM INSURANCE COMPANY RICHARDSON AGENCY 2201 AVENUE U BROOKLYN, NY 11229	CONTACT NAME: AJ Crump PHONE (A/C, No., Ext): 718-975-3420 E-MAIL ADDRESS: coi@weinsurenyc.com	FAX (A/C, No): 631-994-7074
	INSURER(S) AFFORDING COVERAGE	
INSURED Prime Security & Communications Inc. 382 Route 59 Suite 336 Airmont, NY 10952	INSURER A: State Farm Fire and Casualty Company	NAIC # 25143
	INSURER B: State Farm Mutual Automobile Insurance Company	25178
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	


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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	2813656-A07-32 277 8735-D13-32	01/07/2023 10/13/2022	01/07/2024 10/13/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 2,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Friends Fish Market 13th Ave Fish Market 360 Crystal Run Road Middletown NY 10941	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/20/2021

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.

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PRODUCER Artek Insurance 777 Bedford Ave. Suite 2B Brooklyn NY 11205		CONTACT NAME: PHONE (A/C. No. Ext): 718-534-1322 FAX (A/C. No.): 516-740-2836 E-MAIL ADDRESS: Certs@artekinsurance.com	
License#: BR-1203780 PRIMSEC-01		INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Prime Security & Communication Inc 37 Commerce St Spring Valley NY 10977		INSURER A : Charter Oak Fire Ins Co INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 2062721343 **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 INSD (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	UB-2S824873-21-42-G	5/10/2021	5/10/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

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

CERTIFICATE HOLDER **CANCELLATION**

13th Ave Fishmarket 360 Crystal Run Rd Middletown, NY 10941	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 <i>Marsha Petib</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2022

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.

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PRODUCER Artek Insurance 777 Bedford Ave. Suite 2B Brooklyn NY 11205 License#: BR-1203780	CONTACT NAME: PHONE (A/C, No. Ext): 718-534-1322 E-MAIL ADDRESS: Certs@artekinsurance.com	FAX (A/C, No): 516-740-2836
	INSURER(S) AFFORDING COVERAGE	
INSURED Prime Security & Communication Inc 37 Commerce St Spring Valley NY 10977 PRIMSEC-01	INSURER A: Travelers Insurance Company	
	INSURER B: Standard Security Life	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 837643830 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			UB-2S824873-22-42-G	5/10/2022	5/10/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	DBL/PFL			R65391000	8/16/2021	8/16/2022	Statuary Limits

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

CERTIFICATE HOLDER Freund's Fish	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 <i>Wendy Petib</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/13/2023

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 have ADDITIONAL INSURED provisions or 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 Artek Insurance 777 Bedford Ave. Suite 2B Brooklyn NY 11205 License#: BR-1203760 PRIMSEC-01	CONTACT NAME: PHONE (A/C, No, Ext): 718-534-1322 FAX (A/C, No): 516-740-2836 E-MAIL ADDRESS: Certs@artekinsurance.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Prime Security & Communication Inc 37 Commerce St Spring Valley NY 10977	INSURER A: Allied World Insurance Company	
	INSURER B: Travelers Insurance Company	
	INSURER C: Shelterpoint Life Insurance Co	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1761310520 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR *Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5200-4106-00	8/31/2022	8/31/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			UB-2S824873-22-42-G	5/10/2022	5/10/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A C	Professional Liability DBL/PFL			5200-4106-00 DBL640163	8/31/2022 5/28/2022	8/31/2023 5/28/2023	1,000,000 3,000,000	Occurrence Aggregate

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

CERTIFICATE HOLDER **CANCELLATION**

Evidence of Insurance	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 <i>Wendee Patel</i>

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CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
PRIME SECURITY & COMMUNICATION INC
37 COMMERCE STREET
SPRING VALLEY, NY 10977
1b. Business Telephone Number of Insured
845-659-2448
1c. Federal Employer Identification Number of Insured or Social Security Number
260237035
2. Name and Address of Entity Requesting Proof of Coverage
13th Avenue Fish Market
360 Crystal Run Road
Middletown, NJ 10941
3a. Name of Insurance Carrier
ShelterPoint Life Insurance Company
3b. Policy Number of Entity Listed in Box "1a"
DBL640163
3c. Policy effective period
05/28/2021 to 05/27/2022

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[] B. Disability benefits only.
[] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 7/21/2021 By [Signature]
Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed By
Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only) PRIME SECURITY & COMMUNICATION, INC. 382 ROUTE 59 SUITE 336 MONSEY, NY 10952
1b. Business Telephone Number of Insured 8453560018
1c. Federal Employer Identification Number of Insured or Social Security Number 26-0237035
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Freunds Fish Market 13th Ave Fish Market 360 Crystal Run Road Middletown, NY 10941
3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York
3b. Policy Number of Entity Listed in Box "1a" R65391-000
3c. Policy effective period 8/16/2018 to 3/15/2024

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[] B. Disability benefits only.
[] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 3/17/2023 By [Signature] (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed _____ By _____ (Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/30/2021

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 have ADDITIONAL INSURED provisions or 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 P&G Long Island Inc. 76 S Central Avenue Suite 2A Valley Stream, NY 11580	CONTACT NAME: PHONE (A/C, No, Ext): (516) 791-1800 FAX (A/C, No): E-MAIL ADDRESS: mail@pgliinsurance.com														
INSURED WISE FOAM INSULATION INC 131 FOREST AVE #201 Monroe, NY 10950	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Penn Star Ins Co.</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Penn Star Ins Co.		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Penn Star Ins Co.															
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		PAC7210993	4/25/2021	4/25/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is included as an additional insured when required by written contract.

CERTIFICATE HOLDER 13th Avenue Fish Market 360 Crystal Run Road Middletown, NY 10941	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
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/30/2021

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 have ADDITIONAL INSURED provisions or 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	GM Insurance Brokerage, Inc 199 Lee Avenue #228 Brooklyn, NY 11211	CONTACT NAME: Rose Silber	PHONE (A/C, No, Ext): (718)257-1400	FAX (A/C, No): (347)435-2598
		E-MAIL ADDRESS: rs@gmib.net		
INSURED	Wise Foam Insulation Inc 131 Forest Avenue #101 Monroe, NY 10950	INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : AmGUARD Insurance Company	31470	
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		

COVERAGES CERTIFICATE NUMBER: 00001914-156524 REVISION NUMBER: 2

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		WIAU273437	07/30/2021	07/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

Proof of Coverage

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

(RSI)

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 461775456
M & D BROKERAGE INC
C/O BRAVER
22 HAYES CT #202
MONROE NY 10950

SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER WISE FOAM INSULATION INC 131 FOREST ROAD 201 MONROE NY 10950		CERTIFICATE HOLDER 13TH AVENUE FISH MARKET 360 CRYSTAL RUN ROAD MIDDLETOWN NY 10941	
POLICY NUMBER W2265 411-5	CERTIFICATE NUMBER 810534	POLICY PERIOD 03/15/2021 TO 03/15/2022	DATE 8/30/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2265 411-5, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

JOEL WEISENFELD-PRES- 1 OF 1
WISE FOAM INSULATION INC.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND



DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 76934932



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only) WISE FOAM INSULATION INC. 131 FOREST ROAD, #201 MONROE, NY 10950</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 845-590-1398</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 46-1775456</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) 13th Avenue Fish Market 360 Crystal Run Road Middletown, NY 10941</p>	<p>3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York</p> <p>3b. Policy Number of Entity Listed in Box "1a" R05582-000</p> <p>3c. Policy effective period <u>3/15/2013</u> to <u>8/29/2022</u></p>

4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.
 B. Disability benefits only.
 C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
 B. Only the following class or classes of employer's employees:
EXECUTIVE OFFICER TO BE EXCLUDED FROM POLICY: JOEL WEISENFELD, PRES.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 8/30/2021 By *Beth J. Schmitt*
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

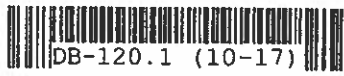
State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/13/2021

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.

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PRODUCER Ideal Insurance Agency Inc. PO Box 558 Lakewood, NJ 08701 Alexander Lerner	732-363-8300	CONTACT NAME: Alexander Lerner PHONE (A/C, No., Ext): 732-363-8300 FAX (A/C, No.): 732-363-5656 E-MAIL ADDRESS: alex@idealagency.com																					
INSURED Green Light Energy Conservation LLC 216 River Ave. Lakewood, NJ 08701		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Century Surety Insurance Co</td> <td>36951</td> </tr> <tr> <td>INSURER B:</td> <td>National Union Fire Insurance</td> <td>19445</td> </tr> <tr> <td>INSURER C:</td> <td>Axis Insurance Company</td> <td>37273</td> </tr> <tr> <td>INSURER D:</td> <td>Guard Insurance Group</td> <td>42390</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Century Surety Insurance Co	36951	INSURER B:	National Union Fire Insurance	19445	INSURER C:	Axis Insurance Company	37273	INSURER D:	Guard Insurance Group	42390	INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																					
INSURER A:	Century Surety Insurance Co	36951																					
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INSURER C:	Axis Insurance Company	37273																					
INSURER D:	Guard Insurance Group	42390																					
INSURER E:																							
INSURER F:																							

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CCP1011170	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							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
							\$
	<input type="checkbox"/> AUTOMOBILE LIABILITY			GRAU252059	01/15/2021	01/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EBU 019354525	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
							\$
							\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	<input type="checkbox"/> Professional Liab			MNN603111	04/20/2021	04/20/2022	Per claim \$ 1,000,000
							Aggregate \$ 1,000,000

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

Cert holder is included as additional insured as per policy forms as required by written contract.

CERTIFICATE HOLDER

13th Avenue Fish Market
360 Crystal Run Road
Middletown, NY 10941

13THAVE

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/06/2022

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.

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PRODUCER
Ideal Insurance Agency Inc.
PO Box 558
Lakewood, NJ 08701
Alexander Lerner
732-363-8300

CONTACT NAME: Alexander Lerner
PHONE (A/C, No, Ext): 732-363-8300 **FAX (A/C, No):** 732-363-5656
E-MAIL ADDRESS: alex@idealagency.com

INSURED
Green Light Energy Conservation LLC
585 Prospect Street Unit 304
Lakewood, NJ 08701

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Century Surety Insurance Co	36951
INSURER B: National Union Fire Insurance	19445
INSURER C: Guard Insurance Group	42390
INSURER D: Axis Insurance Company	37273
INSURER E:	
INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		CCP1011170	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY			GRAU357168	01/15/2022	01/15/2023	PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EBU019354525	09/01/2021	09/01/2022	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident) \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$
D	Professional			MNN603111	04/20/2021	04/20/2022	E.L. DISEASE - POLICY LIMIT \$
							Per Claim \$ 1,000,000
							Aggregate \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Cert holder is included as additional insured as per policy forms as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
13THAVE 13th Avenue Fish Market 360 Crystal Run Road Middletown, NY 10941	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 <i>Alexander Lerner</i>

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 264226672
IDEAL INSURANCE AGENCY INC
326 3RD ST 2ND FLR
PO BOX 558
LAKEWOOD NJ 08701



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER GREEN LIGHT ENERGY CONSERVATION LLC 216 RIVER AVE LAKEWOOD NJ 08701		CERTIFICATE HOLDER 13TH AVENUE FISH MARKET 360 CRYSTAL RUN ROAD MIDDLETOWN NY 10941	
POLICY NUMBER K2149 688-0	CERTIFICATE NUMBER 239399	POLICY PERIOD 09/01/2021 TO 09/01/2022	DATE 12/13/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2149 688-0, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 845794588



CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
GREEN LIGHT ENERGY CONSERVATION LLC
216 RIVER AVE
LAKEWOOD, NJ 08701
1b. Business Telephone Number of Insured
732-312-5550
1c. Federal Employer Identification Number of Insured or Social Security Number
264226672

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
13th Avenue Fish Market
360 Crystal Run Road
Middletown, N.Y. 10941
3a Name of Insurance Carrier
HARTFORD LIFE AND ACCIDENT
3b Policy Number of Entity Listed in Box "1a"
LNY833986
3c Policy effective period
01-01-2021 to 12-31-2021

4. Policy provides the following benefits:
[A] A. Both disability and paid family leave benefits.
[B] B. Disability benefits only.
[C] C. Paid family leave benefits only.
5. Policy covers:
[A] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[B] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 12-13-2021 Elizabeth Tello
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 553-8074 Name and Title: Elizabeth Tello - Assistant Director, Statutory Services

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed By
(Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
GREEN LIGHT ENERGY CONSERVATION LLC
216 RIVER AVE
LAKEWOOD, NJ 08701
1b. Business Telephone Number of Insured
732-312-5550
1c. Federal Employer Identification Number of Insured or Social Security Number
264226672

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
13th Avenue Fish Market
360 Crystal Run Road
Middletown, N.Y. 10941
3a Name of Insurance Carrier
HARTFORD LIFE AND ACCIDENT
3b Policy Number of Entity Listed in Box "1a"
LNY833986
3c Policy effective period
01-01-2022 to 12-31-2022

4. Policy provides the following benefits:
[A] A. Both disability and paid family leave benefits.
[B] B. Disability benefits only.
[C] C. Paid family leave benefits only.
5. Policy covers:
[A] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[B] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 01-06-2022 Elizabeth Tello
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 553-8074 Name and Title: Elizabeth Tello - Assistant Director, Statutory Services

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed By
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

