



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/20/2016

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 Angelo J. DeBellis Agency, LLC 26 Elm Avenue Hackensack, NJ 07601	CONTACT NAME: PHONE (A/C, No, Ext): 201-489-1414		FAX (A/C, No): 201-489-5504
	E-MAIL ADDRESS: AJDAGENCY@AOL.COM PRODUCER CUSTOMER ID#:		
INSURED Fairview Owners Corp FAX: 718-699-5618 61-20 Grand Central Pkwy Forest Hills, NY 11375 718-271-1378	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: AMERICAN SOUTHERN HOME INSURANCE		10235
	INSURER B: GREAT AMERICAN ALLIANCE INS.		26832
	INSURER C: CNA INSURANCE COMPANY		13188
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			4GA6GL000062-01	10/25/16	10/25/17	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY			4GA6GL000062-01	10/25/16	10/25/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANYAUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	\$						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			UM30080198	10/25/16	10/25/17	EACH OCCURRENCE \$ 200,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 200,000,000
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0250618588	10/25/16	10/25/17	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	DIRECTORS & OFFICERS LIABILITY						\$ 1,000,000 / 5,000.RET.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED. LOAN #20190,
PROPERTY/COLLATERAL ADDRESS UNDER LIABILITY CERTIFICATE TO READ AS: 61-20 GRAND CENTRAL PKY.
FOREST HILLS, NY. WAIVER OF SUBROGATION FORM CG241093 IN FAVOR OF AMALGAMATED BANK. (CONT. PG2)

CERTIFICATE HOLDER AMALGAMATED BANK ITS SUCCESSORS AND/OR ASSIGNS, ATIMA 276 SEVENTH AVENUE, 6TH FLOOR NEW YORK, NY 10001	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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ADDITIONAL REMARKS SCHEDULE

AGENCY ANGELO J DEBELLIS AGENCY LLC		NAMED INSURED Fairview Owners Corp	
POLICY NUMBER VARIOUS		FAX: 718-699-5618	
CARRIER VARIOUS	NAIC CODE	61-20 Grand Central Pkwy	
		Forest Hills, NY 11375	
		EFFECTIVE DATE: 10/25/16-17	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

CANCELLATION, SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURERS, ITS AGENTS OR REPRESENTATIVES.

SP [Signature] 10/20/2016

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE(MM/DD/YYYY)

10/18/2016

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER NAME CONTACT PERSON AND ADDRESS Angelo J. DeBellis Agency, LLC 26 Elm Avenue Hackensack, NJ 07601		PHONE (A/C, No, Ext): 201-489-1414	COMPANY NAME AND ADDRESS TRAVELERS INSURANCE COMPANY 445 SOUTH STREET MORRISTOWN, NJ 07960		NAICNO: 36161
FAX (A/C, No): 201-489-5504	E-MAIL ADDRESS: AJDAGENCY@AOL.COM		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	POLICY TYPE COMMERCIAL PROPERTY			
NAMED INSURED AND ADDRESS Fairview Owners Corp. & GRANDWAY ASSOC. 61-20 Grand Central Pkwy Forest Hills, NY 11375		LOAN NUMBER 20190	POLICY NUMBER KTQCMB6D84190-616		
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 10/25/16	EXPIRATION DATE 10/25/17	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION
LOC#01
61-20 GRAND CENTRAL PARKWAY, FOREST HILLS, NY 11375

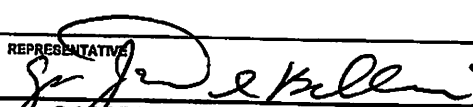
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$		91,789,068.00		DED:	\$10,000.00
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			IF YES, LIMIT: 6,410,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>			IF YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			Attach Disclosure Notice/DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>			IF YES, LIMIT: 15,000.00 DED: 10,000.
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE		<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>			IF YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			IF YES, LIMIT: 91,789,068.00 DED: 10,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			
- Demolition Costs		<input checked="" type="checkbox"/>			IF YES, LIMIT: 10,000,000.00 DED: 10,000.
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			IF YES, LIMIT: INCLUDED DED: INCLUDED
EARTHMOVEMENT (If Applicable)		<input checked="" type="checkbox"/>			IF YES, LIMIT: 5,000,000 DED: 100,000
FLOOD (If Applicable)		<input checked="" type="checkbox"/>			IF YES, LIMIT: 5,000,000 DED: 250,000
WIND/HAIL (If Subject to Different Provisions)		<input checked="" type="checkbox"/>			IF YES, LIMIT: 91,789,068.00 DED: 10,000.00
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>			

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE	
NAME AND ADDRESS AMALGAMATED BANK ITS SUCCESSORS AND/OR ASSIGNS, ATIMA 275 SEVENTH AVENUE, 6TH FLOOR NEW YORK, NY 10001		AUTHORIZED REPRESENTATIVE 

Date:

10/20/2016

FROM: Angelo J. DeBellis Agency, LLC
26 Elm Avenue
Hackensack, NJ 07601
201-489-1414

TO: NYC DEPARTMENT OF SANITATION
OFFICE OF COLLECTIONS
125 WORTH STREET
NEW YORK CITY, NY 10013

FAIRVIEW OWNERS CORP.- 61-20 GRAND CENTRAL PKWY. - FOREST HILLS, NY 11375

RENEWAL: CERTIFICATE OF LIABILITY INSURANCE.

ATTACHED IS RENEWAL CERTIFICATE OF LIABILITY INSURANCE (10/25/16-17).
CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURARD.

ANY QUESTION CONTACT THIS OFFICE PH. 201-489-1414, FAX 201-489-5504.


ANGELO DEBELLIS

02 PAGES

Have a good year!

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Angelo J. DeBellis Agency, LLC 26 Elm Avenue Hackensack, NJ 07601		PHONE (A/C, No, Ext): 201-489-1414	COMPANY NAME AND ADDRESS TRAVELERS INSURANCE COMPANY 445 SOUTH STREET MORRISTOWN, NJ 07960		NAIC NO: 36161
FAX (A/C, No): 201-489-5504	E-MAIL ADDRESS: ajdagency@aol.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:		SUB CODE:		POLICY TYPE COMMERCIAL PROPERTY	
AGENCY CUSTOMERID#:			LOAN NUMBER 20190		POLICY NUMBER KTQCMB6D84190-616
NAMED INSURED AND ADDRESS Fairview Owners Corp & GRANDWAY ASSOC. 61-20 Grand Central Pkwy Forest Hills, NY 11375			EFFECTIVE DATE 10/25/16	EXPIRATION DATE 10/25/17	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION
LOC #02 CLUB HOUSE
61-20 GRAND CENTRAL PKWY.FOREST HILLS,NY 11375`

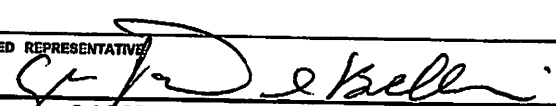
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$		1,529,818.00		DED: \$10,000.00	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>			IF YES, LIMIT: 700,000 Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>			IF YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			Attach Disclosure Notice/DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>			IF YES, LIMIT: \$15,000.00 DED: \$10,000.
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE		<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>			IF YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			IF YES, LIMIT: 1,529,818.00 DED: 10,000.
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			
- Demolition Costs		<input checked="" type="checkbox"/>			IF YES, LIMIT: 10,000,000 DED: 10,000.
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			IF YES, LIMIT: INCLUDED DED: INCLUDED
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>			IF YES, LIMIT: 5,000,000 DED: 100,000
FLOOD (If Applicable)		<input checked="" type="checkbox"/>			IF YES, LIMIT: 5,000,000 DED: 250,000
WIND/HAIL (If Subject to Different Provisions)		<input checked="" type="checkbox"/>			IF YES, LIMIT: 1,529,818.00 DED: 10,000.00
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>			

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE	
NAME AND ADDRESS AMALGAMATED BANK ITS SUCCESSORS AND/OR ASSIGNS, ATIMA 275 SEVENTH AVENUE, 6TH FLOOR NEW YORK, NY 10001 EFFECTIVE 3/16/15		AUTHORIZED REPRESENTATIVE 

- #1. ADDITIONAL INTEREST IS NAMED AS MORTGAGEE & LOSS PAYEE.
- #2. 90 DAY EXTENDED PERIOD OF INDEMNITY FOR BUSINESS INCOME.
- #3. LOAN NUMBER #20190.
- #4. 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST PER CANCELLATION CLAUSE SHOWN ON EVIDENCE OF COMMERCIAL PROPERTY INSURANCE.

G. J. DeKlein
Oct. 20, 2016

EVIDENCE OF PROPERTY INSURANCE

DATE(MM/DD/YYYY)
10/20/2016

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY ANGELO J DEBELLIS AGENCY LLC 26 Elm Avenue Hackensack, NJ 07601		PHONE (A/C, No, Ext): (201) 489-1414	COMPANY CNA INSURANCE COMPANY	
FAX (A/C, No): (201) 489-5504	E-MAIL ADDRESS: ajdagency@aol.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER 0250660534
INSURED Fairview Owners Corp FAX: 718-699-5618 61-20 Grand Central Pkwy Forest Hills, NY 11375		EFFECTIVE DATE 10/25/16	EXPIRATION DATE 10/25/17	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
61-20 GRAND CENTRAL PKWY.
FOREST HILLS, NY 11375

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COVERAGE INFORMATION


COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
EMPLOYEE DISHONESTY / INCLUDING MGT.AGT./CARLSON REALTY	1,750,000.00	10,000.
FORGERY OR ALTERATION	25,000.00	250.00
THEFT, DISAPPEARANCE & DESTRUCTION	25,000.00	NONE
COMPUTER FRAUD/WIRE FRAUD	1,500,000.00	10,000.

REMARKS (Including Special Conditions)

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.

ADDITIONAL INTEREST

NAME AND ADDRESS AMALGAMATED BANK ITS SUCCESSORS AND/OR ASSIGNS, ATIMA 276 SEVENTH AVENUE, 6TH FLOOR NEW YORK, NY 10001	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN#	
AUTHORIZED REPRESENTATIVE 		

- #1. ADDITIONAL INTEREST IS NAMED AS MORTGAGEE & LOSS PAYEE.
- #2. 90 DAY EXTENDED PERIOD OF INDEMNITY FOR BUSINESS INCOME.
- #3. LOAN NUMBER #20190.
- #4. 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST PER CANCELLATION CLAUSE SHOWN ON EVIDENCE OF COMMERCIAL PROPERTY INSURANCE.

Sp J. DeKlein
Oct 20, 2016