

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10-04-2013

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.

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). CONTACT PRODUCER PHONE (A/C, No, Ext): E-MAIL **USI Affinity** 100 Matawan Road, 2nd Flr ADDRESS INSURER(S) AFFORDING COVERAGE NAIC # Matawan, NJ 07747-3911 INSURER A: Continental Casualty Company INSURER B : Seth I. Ben-Ezra, PC INSURER C. 532 Broadhollow Road INSURER D : Suite 115 INSURER E Meiville, NY 11747 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY TYPE OF INSURANCE LIMITS POLICY NUMBER INSR WVD GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ COMMERCIAL GENERAL LIABILITY \$ CLAIMS-MADE OCCUR \$ MED EXP (Any one person) PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT POLICY \$ COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED ALL OWNED AUTOS \$ BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ \$ nen RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ \$2,000,000 Each Claim Lawyers Professional Liability 425233408 11-01-2013 11-01-2014 \$2,000,000 Aggregate \$5,000 Deductible DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE New York Community Bank Its Successors And/Or Assigns THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 1801 East Ninth Street, Suite 200 ACCORDANCE WITH THE POLICY PROVISIONS. Mail Code: OH99-0401 AUTHORIZED REPRESENTATIVE Cleveland, OH 44114-3516

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