Client#: 57757 BROANAT

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) xx/xx/xxxx

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	CONTACT NAME:	
Name	PHONE (A/C, No, Ext): Agent Information Required	FAX (A/C, No):
Address	E-MAIL ADDRESS:	
City, State Zip	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Carrier A	00000
	INSURER B : Carrier B	11111
	INSURER C : Carrier C	22222
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED

Your Company's name, exactly as it appears on your W-9.

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	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR X Contractual Liab. (NY Only) GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X	X	← There should be an "X" in the additional insured box and Waiver of Subrogation box. Policy #	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea. occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000 $500,000 $15,000 $1,000,000 $2,000,000 $2,000,000 $
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED X HIRED AUTOS X NON-OWNED AUTOS			Policy #	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per accident) PROPERTY DAMAGE $	$1,000,000 $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE X RETENTION $10000			Policy #	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE AGGREGATE $	$5,000,000 $5,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) DESCRIPTION OF OPERATIONS below	N / A	X	← There should be an "X" in the Waiver of Subrogation box. Policy #	xx/xx/xxxx	xx/xx/xxxx	X STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000

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

This section must include the following: Broadway National Group, LLC, Umbrava, LLC their respective clients, and affiliates must be named as Additional Insureds on a primary and non-contributory basis for both ongoing and completed operations under General Liability coverage, as required by written contract. A Waiver of Subrogation must also be provided in favor of the certificate holder under General Liability coverage and Workers' Compensation coverages, when required by written contract. Both the General Liability and Workers' Compensation policies must include an endorsement stating that the insurance carrier will provide 30days' notice of cancellation to the certificate holder.

CERTIFICATE HOLDER

Broadway National Group, LLC
100 Davids Drive
Hauppauge NY 11788

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

Authorized Signature Required

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