

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

12/5/2024

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.

tŀ	is certificate does not confer rights to				ıch end	lorsement(s)		require an endorsemen	п. А	
	RODUCER License # 1009544 Involve Real Estate Insurance Services 11 Delaware Avenue Inffalo, NY 14202 SURED Forest Edge Cluster Assoc Inc PO Box 895					CT Jamie M		FAX	/74 C	0.40.0004
361	Delaware Avenue				(A/C, No	o, Ext): (716) 6	036-5827 veki@lawk	(A/C, No): eyinsurance.com	(716)	849-8291
But	alo, N f 14202				ADDRE					
							•	RDING COVERAGE ive Ins Corp		19720
INICI	IDED							nce Company		22322
INSC							icii ilisurai	ice Company		
		nc			INSURE					
	Getzville, NY 14068				INSURE					
					INSURE					
CO	VERAGES CER	TIFI	CATE	NUMBER:	INCORL			REVISION NUMBER:		
T IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S O EQUI PER POLI	F INS IREMI TAIN, CIES	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	TO THE INSUICT OR OTHER ES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT T	ECT T	O WHICH THIS
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			CAU529973-2		12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 5,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	1,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			CAU529973-2		12/1/2024	12/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			PPP7454064		12/1/2024	12/1/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$							DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACORE	101 Additional Romarks Schodu	ılo may b	o attached if mor	o enaco le roqui	end)		
		(, , .			,		
CF	RTIFICATE HOLDER				CANC	ELLATION				
	**FOR INFORMATION ONLY	**			SHO THE ACC	OULD ANY OF TEXPIRATION CORDANCE WI	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		
					LAUTUO	DIZED DEDDEGE	NIT A TIV (F			

ACORD 25 (2016/03)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/5/2024

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	nis certificate does not confer rights to DUCER License # 1009544	o the	certi	ificate holder in lieu of su		lorsement(s) ^{C⊤} Jamie M						
	ley Real Estate Insurance Services				o, Ext): (716) 6			FAX /	716\	849-8291		
361	Délaware Avenue alo, NY 14202				E-MAIL ADDRE	_{SS:} jmurszev	vski@lawle	eyinsurance.co		7 10)	049-0291	
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #	
					INSURE	R A : America	an Alternat	ive Ins Corp			19720	
INS	RED				INSURE	R в : Greenw	ich Insurai	nce Company			22322	
	Forest Edge Cluster Assoc	Inc			INSURE	R C :						
	PO Box 895 Getzville, NY 14068				INSURE	RD:						
					INSURE							
	VED 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				INSURE	RF:		DE1//0101111111				
				NUMBER:	LIAVE D	TEN ICCUED 3		REVISION NUM		UE DO		
II C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH SED HEREIN IS SU	H RESPE	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENC	E	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CAU529973-2		12/1/2024	12/1/2025	DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$	1,000,000	
								MED EXP (Any one p	erson)	\$	5,000	
								PERSONAL & ADV IN	JURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$	1,000,000	
	X POLICY PRO- LOC OTHER:							PRODUCTS - COMP	OP AGG	\$ \$	1,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000	
	ANY AUTO			CAU529973-2		12/1/2024	12/1/2025	BODILY INJURY (Per	person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGI (Per accident)		\$		
	The rest entar									\$		
В	X UMBRELLA LIAB X OCCUR							EACH OCCURRENC	E	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE			PPP7454064		12/1/2024	12/1/2025	AGGREGATE		\$	5,000,000	
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	Т	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$		
	CRIPTION OF ORER ATIONS (LOCATIONS (VELIC	1.56 /	A CODE	And Additional Demante Cabada			!!					
Re:	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC 906 Winterset Ct, Amherst NY - Robert	A Du	dzik/C	Genevieve A Montante/Aur	ora S D	e attached if mor Judzik	e space is requir	rea)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
	Alden State Bank 13216 Broadway				THE	EXPIRATION	N DATE TH	ESCRIBED POLICI IEREOF, NOTICE CY PROVISIONS.				
	Alden, NY 14004	Alden, NY 14004					AUTHORIZED REPRESENTATIVE					



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		ORTANT: If the certificate holder									
		JBROGATION IS WAIVED, subjec certificate does not confer rights to							require an endorsemer	ıt. As	tatement on
		ER License # 1009544		0011	mode norder in ned er ed		^{c⊤} Jamie M				
Law	ley	Real Estate Insurance Services aware Avenue				B11611E	o, Ext): (716) 6		FAX (A/C, No):	(716)	849-8291
		, NY 14202				E-MAIL ADDRE	_{ss:} jmurszev	wski@lawle	yinsurance.com		
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
						INSURE	R A : Americ	an Alternat	ive Ins Corp		19720
INSU	RED)				INSURE	R B : Greenw	rich Insurar	nce Company		22322
		Forest Edge Cluster Assoc II	nc			INSURE	R C :				
		PO Box 895				INSURE	RD:				
		Getzville, NY 14068				INSURE	RE:				
						INSURE	RF:				
CO	/EF	RAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CE	DIC RT	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPI	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	X							,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CAU529973-2		12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
										1	

	CLAIMS-MADE X OCCUR		CAU529973-2	12/1/2024	12/1/2025	PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 1,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		CAU529973-2	12/1/2024	12/1/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		PPP7454064	12/1/2024	12/1/2025	AGGREGATE	\$ 5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N, A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Unit owner: Jennifer B Smith, 704 Forest Edge Drive, East Amherst, NY 14051, Ioan #9705842947

CERTIFICATE HOLDER	CANCELLATION

Caliber Home Loans, Inc. ISAOA/ATIMA P.O. Box 7731 Springfield, OH 45501-7731 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



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this certificate does not confer rights to the certificate holder in	onditions of the policy, certain policies may require an endorsement. <i>A</i> in lieu of such endorsement(s).	statement on
PRODUCER License # 1009544	CONTACT Jamie Murszewski	
Lawley Real Estate Insurance Services 361 Delaware Avenue	PHONE (A/C, No, Ext): (716) 636-5827 FAX (A/C, No): (710)	6) 849-8291
Buffalo, NY 14202	E-MAIL ADDRESS: jmurszewski@lawleyinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: American Alternative Ins Corp	19720
INSURED	INSURER B: Greenwich Insurance Company	22322
Forest Edge Cluster Assoc Inc	INSURER C:	
PO Box 895 Getzville, NY 14068	INSURER D :	
Getzville, NT 14000	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
	ED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE R CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT	
	NCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN		
NSR TYPE OF INSURANCE ADDL SUBR INSU WVD POLICE	CY NUMBER POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS	

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	Х	COMMERCIAL GENERAL LIABILITY	III	,,,,		(MINIS DITTITIO	(MINIBO)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CAU529973-2	12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	1,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			CAU529973-2	12/1/2024	12/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			PPP7454064	12/1/2024	12/1/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	11,7					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DE0/		TION OF OPERATIONS / LOCATIONS / VEHIC			Add Additional Bassacia Cabadala sassa	h		·N		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Unit owner: Jennifer Burns Smith, 704 Forest Edge Drive, East Amherst, NY 14051, Ioan #0040537045

CERTIFICATE HOLDER

CANCELLATION

Citizens Bank, N.A. ISAOA/ATIMA P.O. Box 202060 Florence, SC 29502-2060 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

(,) De



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th	is ce	BROGATION IS WAIVED, su ertificate does not confer right				ıch end	dorsement(s)		require an endorsem	nent. As	statement on
PROI	UCEF	License # 1009544				CONTA NAME:	^{CT} Jamie M	urszewski			
Law	ley R	leal Estate Insurance Service ware Avenue	s			PHONE (A/C, No, Ext): (716) 636-5827 FAX (A/C, No): (716)				849-8291	
		NY 14202				E-MAIL ADDRE	_{ss:} jmurszev	wski@lawle	eyinsurance.com		
							INS	SURER(S) AFFOI	RDING COVERAGE		NAIC #
						INSURE	R A : Americ	an Alternat	ive Ins Corp		19720
INSU	RED					INSURE	R в : Greenw	rich Insura	nce Company		22322
		Forest Edge Cluster Ass	oc Inc			INSURE	RC:				
PO Box 895						INSURE	RD:				
		Getzville, NY 14068				INSURE	RE:				
						INSURE	RF:				
CO	/ER/	AGES C	ERTIFI	CATE	NUMBER:				REVISION NUMBER	:	
IN	DICA	S TO CERTIFY THAT THE POL TED. NOTWITHSTANDING AN	Y REQU	REM	ENT, TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RES	SPECT TO	O WHICH THIS
		FICATE MAY BE ISSUED OR M SIONS AND CONDITIONS OF SU								T TO ALL	. THE TERMS,
INSR LTR		TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
Α	Х	COMMERCIAL GENERAL LIABILITY						,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CAU529973-2		12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
			1						, = , = , = ,		5 000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					,, <u> </u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CAU529973-2	12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
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	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	1,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			CAU529973-2	12/1/2024	12/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			PPP7454064	12/1/2024	12/1/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Property Address - 1301 Netherton Court, Amherst, NY 14051

Borrower: Harneet Gill Loan number: 10032402249790

CERTIFICATE HOLDER	CANCELLATION

HUNT Mortgage Corporation ISAOA 403 Main Street, Suite 210 Buffalo, NY 14203

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



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LKLIENSTUBER

12/5/2024

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PRODUCER License # 1009544	CONTACT Jamie Murszewski	
Lawley Real Estate Insurance Services 361 Delaware Avenue	PHONE (A/C, No, Ext): (716) 636-5827 FAX (A/C, No): (716) 8	349-8291
Buffalo, NY 14202	E-MAIL ADDRESS: jmurszewski@lawleyinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: American Alternative Ins Corp	19720
INSURED	INSURER B: Greenwich Insurance Company	22322
Forest Edge Cluster Assoc Inc	INSURER C:	
PO Box 895	INSURER D:	
Getzville, NY 14068	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.

TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	ADD INSE	SUBR		POLICY EFF	POLICY EXP			
COMMERCIAL GENERAL LIABILITY			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
				(,	· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			CAU529973-2	12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	_					MED EXP (Any one person)	\$	5,000
	_					PERSONAL & ADV INJURY	\$	1,000,000
EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	1,000,000
POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
OTHER:							\$	
UTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANY AUTO			CAU529973-2	12/1/2024	12/1/2025	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$	
UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
EXCESS LIAB CLAIMS-M.	DE		PPP7454064	12/1/2024	12/1/2025	AGGREGATE	\$	5,000,000
DED RETENTION \$							\$	
ORKERS COMPENSATION ND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
NY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	٠,,,					E.L. DISEASE - EA EMPLOYEE	\$	
yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
(C C C C C C C C C C C C C C C C C C C	POLICY PROJECT LOC OTHER: ITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MA DED RETENTION \$ PRESS COMPENSATION DEMPLOYERS' LIABILITY OF PROPRIETOR/PARTINEY OF PROPRIETOR OF PROPR	POLICY PRODUCT LOC OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY WMBRELLA LIAB LOC OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY LOC OTHER: AUTOS ONLY AUTOS ONLY AUTOS ONLY VECESS LIAB LOC OCUR EXCESS LIAB LOC OCUR EXCESS LIAB CLAIMS-MADE DED DEMPLOYERS' LIABILITY OF PROPRIETOR/PARTNER/EXECUTIVE OF PROPRIETOR/PARTNER/EXECUTIV	POLICY PRODUCT LOC OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY WMBRELLA LIAB LOC OTHER: LOC OTHE	POLICY PRODUCT LOC OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY WMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ PREVERS COMPENSATION DO LIMPLOYER'S LIABILITY OF PROPRIETOR/PARTNER/EXECUTIVE PROPRIETOR/PARTN	POLICY PRODUCT LOC OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY WMBRELLA LIAB LOC CAU529973-2 12/1/2024 CAU529973-2 12/1/2024 PPP7454064 PPP7454064 12/1/2024 PPP7454064 12/1/2024 PPP7454064	POLICY PRODUCT LOC OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ PREVENS COMPENSATION DO LIMPLOYER'S KLASHINY OF PROPRIETOR/PARTNER/EXECUTIVE PROPRIETOR/PARTNE	PERSONAL & ADV INJURY GENERAL AGGREGATE POLICY PRO OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HRED AUTOS ONLY AUTOS ONL	PERSONAL & ADV INJURY \$ PRODUCTS - COMP/OP AGG \$ OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Property Address: 101 Forest Edge Dr East Amherst, NY 14051

Borrower's Name: Marissa Greenwald

Loan Number: 0811013616

CERTIFICATE HOLDER	CANCELLATION

Lake Shore Savings Bank, ISAOA Insurance Service Center PO Box 863329 Plano, TX 75086 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

المساك



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/5/2024

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.

tŀ	nis certificate does not confer rights to	the	certi	ificate holder in lieu of su	itions of the policy, certain policies may require an endorsement. A statement on ieu of such endorsement(s). CONTACT Jamie Murszewski							
	DUCER License # 1009544								1			
	ley Real Estate Insurance Services Delaware Avenue				PHONE (A/C, No	o, Ext): (/16) b	36-5827		(A/C, No):	(716)	849-8291	
	falo, NY 14202				E-MAIL ADDRE	_{ss:} jmurszev	vski@lawle	eyinsurance.	com			
						INS	URER(S) AFFOI	RDING COVERAGE			NAIC #	
					INSURE	R A : America	an Alternat	ive Ins Corp			19720	
INSU	JRED				INSURE	R в : Greenw	ich Insurai	nce Compan	у		22322	
	Forest Edge Cluster Assoc I	nc			INSURE	RC:						
	PO Box 895				INSURE	RD:						
	Getzville, NY 14068				INSURE	INSURER E :						
					INSURER F:							
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NU	JMBER:		-	
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT W BED HEREIN IS	/ITH RESPE SUBJECT T	CT TO	O WHICH THIS	
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	s	1.000.000	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			CAU529973-2		12/1/2024	12/1/2025	DAMAGE TO REN PREMISES (Ea or	NCE NTED	\$	1,000,000	
								MED EXP (Any or		\$	5,000	
								PERSONAL & AD	V INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR	EGATE	\$	1,000,000	
	X POLICY PRO- OTHER:							PRODUCTS - CO	MP/OP AGG	\$	1,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$	1,000,000	
	ANY AUTO			CAU529973-2		12/1/2024	12/1/2025	BODILY INJURY	Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY	•	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				PROPERTY DAM (Per accident)	AGE	\$					
	AUTOS ONET							(i ci acoident)		\$		
В	X UMBRELLA LIAB X OCCUR							EACH OCCURRE	NCE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE			PPP7454064		12/1/2024	12/1/2025	AGGREGATE	INCL	\$	5,000,000	
	DED RETENTION \$							AGGILGATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ф		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									•		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCID		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - E				
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - P	OLICY LIMIT	\$		
DEC	CRIPTION OF OREDATIONS (1 COATIONS (1/5/10)	ES //	ACCRE	101 Additional Remarks Sales de	do mant	o ottoobed if we are	o onooo != ====:-!:	rad)				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE	TUT, Additional Remarks Schedu	ne, may b	e attached if more	e space is requii	rea)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
	Lisa Fogarty 553 Forest Edge Dr		THE	EXPIRATION	N DATE TH	ESCRIBED POL IEREOF, NOTI CY PROVISIONS	CE WILL					
	East Amherst, NY 14051				AUTHORIZED REPRESENTATIVE							



CERTIFICATE OF LIABILITY INSURANCE

LKLIENSTUBER

DATE (MM/DD/YYYY) 12/5/2024

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 liqu of such endorsement(s)

tŀ	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ich endorsement(s)).	, , , , , , , , , , , , , , , , , , , ,						
PRO	DUCER License # 1009544				CONTACT Jamie M	urszewski							
Law	ley Real Estate Insurance Services Delaware Avenue				PHONE (A/C, No, Ext): (716)			FAX (A/C. No):	716)	849-8291			
	falo, NY 14202				E-MAIL ADDRESS: jmursze	wski@lawle	eyinsurance.c	om					
							RDING COVERAGE			NAIC #			
					INSURER A : Americ	. ,				19720			
INSL	IRED				INSURER B : Greenv					22322			
	Forest Edge Cluster Assoc	Inc			INSURER C :								
	PO Box 895				INSURER D :								
	Getzville, NY 14068				INSURER E :								
					INSURER F:								
CO	VERAGES CER	TIFIC	CATE	E NUMBER:			REVISION NUM	/IBFR:					
IN C E	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TC	WHICH THIS			
NSR LTR		INSD	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	8	4 000 000			
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURREN	CE	\$	1,000,000			
	CLAIMS-MADE X OCCUR			CAU529973-2	12/1/2024	12/1/2025	DAMAGE TO RENT PREMISES (Ea occ	urrence)	\$	1,000,000			
							MED EXP (Any one	person)	\$	5,000			
							PERSONAL & ADV	INJURY	\$	1,000,000 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	GATE	\$, ,			
	X POLICY PRO- OTHER:						PRODUCTS - COM	P/OP AGG	\$	1,000,000			
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000			
	ANY AUTO			CAU529973-2	12/1/2024	12/1/2025	BODILY INJURY (P	er person)	\$				
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (P		\$				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	GE .	\$				
	AUTOS GIVET						(* 5* 5555511)		\$				
В	X UMBRELLA LIAB X OCCUR						EACH OCCURREN	CE	\$	5,000,000			
	EXCESS LIAB CLAIMS-MADE			PPP7454064	12/1/2024	12/1/2025	AGGREGATE		\$	5,000,000			
	DED RETENTION \$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER	*				
							E.L. EACH ACCIDE		\$				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA		•				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POI						
									*				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	lle, may be attached if mo	re space is requi	red)	<u>'</u>					
RE:	Samantha Mitri, 613 Forest Edge Dr, C	laren	ce, N	Y 14051, Loan #003523512	6								
CE	RTIFICATE HOLDER				CANCELLATION								
	M&T Bank, ISAOA PO Box 5738				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								

ACORD 25 (2016/03)

Springfield, OH 45501

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DATE (MM/DD/YYYY) **CERTIFICATE OF LIABILITY INSURANCE** 12/5/2024

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.

this	UBROGATION IS WAIVED, subject certificate does not confer rights to	ct to	the		the po	licy, certain	policies may	require an endorsemen	t. As	tatement on	
PRODU	CER License # 1009544				CONTACT Jamie Murszewski						
Lawle	y Real Estate Insurance Services elaware Avenue				PHONE (A/C, No	849-8291					
	o, NY 14202				E-MAIL ADDRE						
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE	19720					
INSURE	:D				INSURE	R в : Greenw	ich Insurai	nce Company		22322	
	Forest Edge Cluster Assoc I			INSURE	RC:						
PO Box 895						INSURER D:					
	Getzville, NY 14068				INSURE						
					INSURER F:						
COVE	ERAGES CER	TIFIC	CATE	E NUMBER:	REVISION NUMBER:						
INDI CER	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY FLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRA	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP	(P			
A)	COMMERCIAL GENERAL LIABILITY					<u> </u>	,	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CAU529973-2		12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EVD (Any one nersen)	•	5,000	

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					,, <u> </u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CAU529973-2	12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	1,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			CAU529973-2	12/1/2024	12/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			PPP7454064	12/1/2024	12/1/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	

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

Property Address: 604 Forest Edge Drive, East Amherst, NY 14051

Loan Number: 0035625029

CERTIFICATE HOLDER	CANCELLATION
M&T Bank, ISAOA PO Box 5738 Springfield, OH 45501	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Springheid, Ori 43301	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/5/2024

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tl	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to subject to the subject is subject to the subject to the subject is subject to the subject is subject to the su	the the	certi	ificate holder in lieu of su	ich end	lorsement(s)	•	•				
						ст Jamie М		FAV				
361	/ley Real Estate Insurance Services Delaware Avenue falo, NY 14202				(A/C, No	o, Ext): (/16) b	36-5827 vski@lawle	yinsurance.com	(716)	849-8291		
	,							RDING COVERAGE		NAIC #		
					INSURE		• •	ive Ins Corp		19720		
INSU	JRED				INSURE	22322						
	Forest Edge Cluster Assoc I	nc			INSURE	R C :		<u> </u>				
	PO Box 895				INSURE	RD:						
	Getzville, NY 14068				INSURER E :							
					INSURE	RF:						
СО	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:				
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	EQUIF	REME FAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT 1	O ALI	O WHICH THIS		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(INIMI/DD/TTTT)	(IVIIVI/UU/TTTT)	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR			CAU529973-2		12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
				J. 13020010 2		,,,	, .,	MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000		
	X POLICY PRO- LOC OTHER:							PRODUCTS - COMP/OP AGG	\$	1,000,000		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000		
	ANY AUTO			CAU529973-2		12/1/2024	12/1/2025	(Ea accident) BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
	AUTOS ONET							(i or deorderity	\$			
В	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000		
	EXCESS LIAB CLAIMS-MADE			PPP7454064		12/1/2024	12/1/2025	AGGREGATE	\$	5,000,000		
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	·			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES Prop	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Derty Address: 553 Forest Edge Drive	LES (A	CORD) 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requir	red)				
<u></u>	DTIEICATE HOLDED				CANC	SELLATION						
UE	RTIFICATE HOLDER				CANC	CELLATION						
	Northwest Bank ISAOA PO Box 39545			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Solon, OH 44139				AUTHORIZED REPRESENTATIVE							



DATE (MM/DD/YYYY) 12/5/2024

CERTIFICATE OF LIABILITY INSURANCE

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If the cortificate holder is an ADDITIONAL INSURED, the policy/ics) must have ADDITIONAL INSURED provisions or be endersed

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the	terms and conditions of	the po	licy, certain lorsement(s)	policies may					
PRODUCER License # 1009544			CONTACT Jamie Murszewski							
Lawley Real Estate Insurance Services 361 Delaware Avenue			PHONE (A/C, No, Ext): (716) 636-5827 FAX (A/C, No): (716) 849-8291							
Buffalo, NY 14202			E-MAIL ADDRE							
				INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #		
			INSURE	19720						
INSURED			INSURE	R в : Greenw	ich Insurai	nce Company		22322		
Forest Edge Cluster Assoc Inc	С		INSURE							
PO Box 895		INSURE								
Getzville, NY 14068			INSURE							
			INSURE							
COVERAGES CERT	IFICATI	E NUMBER:				REVISION NUMBE	R:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY P	QUIREM PERTAIN	ENT, TERM OR CONDITION, THE INSURANCE AFFORD	N OF A	NY CONTRA	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RE ED HEREIN IS SUBJE	ESPECT TO	WHICH THIS		
EXCLUSIONS AND CONDITIONS OF SUCH PO	OLICIES.		BEEN F	POLICY EFF	PAID CLAIMS.					
LTR TYPE OF INSURANCE IN	NSD WVD	POLICY NUMBER			(MM/DD/YYYY)		LIMITS	1,000,000		
X commercial contraction						EACH OCCURRENCE DAMAGE TO RENTED	\$, ,		
CLAIMS-MADE X OCCUR		CAU529973-2		12/1/2024	12/1/2025	PREMISES (Ea occurrence	e) \$	1,000,000		
						MED EXP (Any one persor	n) \$	5,000		

LTR	TYPE OF INSURANCE	INSD W	VVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			CAU529973-2	12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	1,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			CAU529973-2	12/1/2024	12/1/2025	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			PPP7454064	12/1/2024	12/1/2025	AGGREGATE	\$	5,000,000
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE // N	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/ A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
				·					
\vdash						l			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Louis C & Joyce J Vacanti, 452 Forest Edge Dr., Loan #2220085489

CERTIFICATE HOLDER	CANCELLATION

Premium Mortgage Corporation c/o LoanCare, LLC ISAOA/ATIMA PO Box 202049 Florence, SC 29502

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.





DATE (MM/DD/YYYY) 12/5/2024

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	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su							
	DUCER License # 1009544					CT Jamie M					
Law	vley Real Estate Insurance Services Delaware Avenue				PHONE (A/C, No	o, Ext): (716) 6	36-5827		FAX (A/C, No):	(716)	849-8291
Buf	falo, NY 14202				E-MAIL ADDRE	ss: jmurszev	vski@lawle	eyinsurance.c	om		
						INS	URER(S) AFFOI	RDING COVERAGE			NAIC#
					INSURF			ive Ins Corp			19720
INSL	JRED							nce Company			22322
		l					ion moura	noc company			LLULL
	Forest Edge Cluster Assoc PO Box 895	inc			INSURE						
	Getzville, NY 14068				INSURE						
					INSURE						
					INSURE	RF:					
				E NUMBER:				REVISION NUI			
IN C E	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT T	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR			CAU529973-2		12/1/2024	12/1/2025	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	1,000,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	1,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COM		\$	1,000,000
	OTHER:							TROBUCTO COM	1701 7100	\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	LIMIT	\$	1,000,000
	ANY AUTO			CAU529973-2		12/1/2024	12/1/2025	BODILY INJURY (P	er nercon)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (P		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)			
В	X UMBRELLA LIAB X OCCUR							EAGU GOOLIDDEN		\$	5,000,000
_	EXCESS LIAB CLAIMS-MADE			PPP7454064		12/1/2024	12/1/2025	EACH OCCURREN	CE	\$	5,000,000
	DED RETENTION \$	1						AGGREGATE		\$	
								PER STATUTE	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								ÉR	_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If yes, describe under							E.L. DISEASE - EA			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES Eliza	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC abeth Rohr Adams, 1154 Flanders Ct, E	LES (A	ACORE mher	0 101, Additional Remarks Schedu st. NY 14051	ile, may b	e attached if mor	e space is requi	red)			
	n Number #2220089283			•							
CERTIFICATE HOLDER					CANO	CELLATION					
					<u> </u>	B 4507 5==	FILE ABOVE -		NEO 5= -		
								ESCRIBED POLIC IEREOF, NOTIC			
	Premium Mortgage Corpora	tion			ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.			

ACORD 25 (2016/03)

ISAOA/ATIMA C/O LoanCare, LLC P.O. Box 202049

Florence, SC 29502

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CERTIFICATE OF LIABILITY INSURANCE

LKLIENSTUBER

DATE (MM/DD/YYYY) 12/5/2024

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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DD0	DUCER License # 1009544	00.1	mode notati in nou or oc	CONTACT Jam	ie M	urszewski						
	vley Real Estate Insurance Services								FAX	/74C\	040 0204	
361	Délaware Avenue				PHONE (A/C, No, Ext): (7	10)	030-302 <i>1</i>	inaranaa	(A/C, No):	(716)	849-8291	
Buf	falo, NY 14202				E-MAIL ADDRESS: jmu	rsze	wski@iawie	eyinsurance	com			
						IN	SURER(S) AFFOR	RDING COVERAC	Ε		NAIC #	
					INSURER A : An	neric	an Alternat	ive Ins Cor)		19720	
INSU	JRED				INSURER B : Gre	eenv	vich Insurai	nce Compa	1y		22322	
	Forest Edge Cluster Assoc I	nc			INSURER C :							
	PO Box 895				INSURER D :							
	Getzville, NY 14068											
					INSURER E :						+	
~~	VEDAGES CER	TIF1/	- A T		INSURER F : REVISION NUMBER:							
				E NUMBER:		LIED					01101/ 555105	
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF ANY CONDED BY THE F	NTRA POLIC	CT OR OTHER	R DOCUMENT	WITH RESPE	CT T	O WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY	EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD		(WIW/DD/	,	(WIW/DD/TTTT)	EACH OCCURF	ENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CAU529973-2	12/1/2	024	12/1/2025	DAMAGE TO RI PREMISES (Ea	NTED	i i	1,000,000	
	OB HING HANDE A GOOGH			OA0323913-2	12/1/2	.024	12/1/2023			\$	5,000	
								MED EXP (Any	one person)	\$	1,000,000	
								PERSONAL & A	DV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGG	REGATE	\$		
	X POLICY PRO- OTHER:							PRODUCTS - C	OMP/OP AGG	\$	1,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SIN	GLE LIMIT	s	1,000,000	
	ANY AUTO			CAU529973-2	12/1/2	024	12/1/2025	(Ea accident) BODILY INJURY	' (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DA (Per accident)	MAGE	\$			
	AUTOS ONLY AUTOS ONLY							(i ei accident)		\$		
В	X UMBRELLA LIAB X OCCUR							FACIL COOLIDE	ENOE	i i	5,000,000	
_	EXCESS LIAB CLAIMS-MADE			PPP7454064	12/1/2	024	12/1/2025	EACH OCCURR	ENCE	\$	5,000,000	
					,		12/1/2020	AGGREGATE		\$		
	DED RETENTION \$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE	ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACC	DENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE -	EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE -	POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (/	ACORE	D 101. Additional Remarks Schedu	ule, may be attached	d if mo	re space is requir	red)				
₹e:	Sean M. Bailey, 851 Pine Tree Ct., East /	Amhe	erst, I	NY 14051	•			·				
_oa	n: #2210057819											
CE	RTIFICATE HOLDER				CANCELLATION							
											LLED BEFORE ELIVERED IN	
	Premium Mortgage Corporat	tion (c/o L	oanCare, LLC	ACCORDANG	CE W	ITH THE POLIC	CY PROVISION	S.	JL D	LLIVENED IN	

ACORD 25 (2016/03)

ISAOA/ATIMA P.O. Box 202049 Florence, SC 29502

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/5/2024

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this	UBROGATION IS WAIVED, subjecertificate does not confer rights to							require an endorsement	. As	tatement on	
PRODUCER License # 1009544						CONTACT Jamie Murszewski					
						PHONE (A/C, No, Ext): (716) 636-5827 FAX (A/C, No): (716) 849-8291					
	o, NY 14202				E-MAIL ADDRESS: jmurszewski@lawleyinsurance.com						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A: American Alternative Ins Corp					19720	
INSUR	D				INSURE	R B : Greenw	rich Insura	nce Company		22322	
	Forest Edge Cluster Assoc	Inc			INSURE						
	PO Box 895				INSURER D:						
Getzville, NY 14068					INSURER E:						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE					N OF A	ANY CONTRA THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
NSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER					POLICY EFF	POLICY EXP (MM/DD/YYYY)					
A 2	COMMERCIAL GENERAL LIABILITY	11100				(IIIIII - DI	(MINUS S/1111)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CAU529973-2		12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	5,000	

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CAU529973-2	12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	1,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:							\$	
Α	ΑU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			CAU529973-2	12/1/2024	12/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			PPP7454064	12/1/2024	12/1/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
	WOR	RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
		ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
		·								
$\overline{}$	_				l	-		1		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Venu Maringanti, 953 Pine Tree Court, East Amherst, NY 14501 Loan #1321181238

CERTIFICATE HOLDER	CANCELLATION

United Wholesale Mortgage, ISAOA, ATIMA PO Box 202028 Florence, SC 29502

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/5/2024

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER License # 1009544	CONTACT Jamie Murszewski							
Lawley Real Estate Insurance Services 361 Delaware Avenue	PHONE (A/C, No, Ext): (716) 636-5827 FAX (A/C, No): (71	6) 849-8291						
Buffalo, NY 14202	E-MAIL ADDRESS: jmurszewski@lawleyinsurance.com							
	INSURER(S) AFFORDING COVERAGE	NAIC #						
	INSURER A: American Alternative Ins Corp	19720						
INSURED	INSURER B: Greenwich Insurance Company	22322						
Forest Edge Cluster Assoc Inc	INSURER C:							
PO Box 895	INSURER D:							
Getzville, NY 14068	INSURER E:							
	INSURER F:							
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE	POLICY PERIOD						

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(11111)		EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CAU529973-2	12/1/2024	12/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	1,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			CAU529973-2	12/1/2024	12/1/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			PPP7454064	12/1/2024	12/1/2025	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Man	datory in NH)	I, , , ,					E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Santhosh Gunnala, 1303 Netherton Court, Amherst, NY 14051 Loan Number #1222431594

CERTIFICATE HOLDER	CANCELLATION

United Wholesale Mortgage, ISAOA, ATIMA PO Box 202028 Florence, SC 29502

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