


CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/ DD/ YYYY)

12/25/2018

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
SADLER & COMPANY, INC.
 P.O. BOX 5866
 COLUMBIA, SOUTH CAROLINA 29250-5866

CONTACT NAME: Sports Dept

PHONE (A/ C, No. Ext): 800-622-7370 | **FAX (A/ C, No):** 803-256-4017

E- MAIL ADDRESS: instructor@sadlersports.com

PRODUCER CUSTOMER ID#:

INSURED
 Leslie Alex Baril
 DBA Baril's Elite Performance
 135 Ocean Parkway
 1R
 Brooklyn , NY 11218

Application ID: 239935

A Member of the Sports, Leisure & Entertainment RPG

INSURER(S) AFFORDING COVERAGE
NAIC #
INSURER A: Nationwide Mutual Insurance Company

INSURER B:
INSURER C:
INSURER D:
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.

INSD 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 checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		6BRPG0000006255900	12:01AM ET 08/18/2018	12:01AM ET 08/18/2019	EACH OCCURRENCE	\$500,000
							DAMAGE TO RENTED PREMISES (fire legal liability)	\$500,000
							MEDICAL EXP (other than participant)	\$5,000
							PERSONAL & ADV INJURY	\$500,000
							GENERAL AGGREGATE (other than products- completed operations)	\$5,000,000
							PRODUCTS- COMP/ OP AGG	\$500,000
							PROFESSIONAL LIABILITY	\$500,000
							LEGAL LIAB TO PARTICIPANTS	\$500,000
							ABUSE, MOLESTATION, HARRASSMENT OR SEXUAL CONDUCT DEFENSE COSTS REIMBURSEMENT	\$100,000
							COMBINED SINGLE LIMIT (Ea Accident)	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON- OWNED AUTOS <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII						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"/> DEDUCTIBLE <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? <input type="checkbox"/> Y/ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N / A			<input type="checkbox"/> PER STATUE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EOMLOYEE	
							E.L. DISEASE - POLICY LIMIT	
	MEDICAL PAYMENTS FOR PARTICIPANTS						PRIMARY MEDICAL	
							EXCESS MEDICAL	

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

RE: Instructor of Personal Training, (CERTIFIED)

Re: Urban Associates, LLC, The Brodsky Organization, LLC, 400 West 59th Street Partners, LLC, Brodcom West Development Co, Beaux Arts II, LLC, Beaux Arts Realty, LLC, Park South Towers Associates, 400 West 59th Street Partners, LLC, 12 East 86th Street LLC, 200 West 60th Street Associates LLC, 42/9 Residential, LLC, 420 West 42nd Street, LLC, 24 Fifth Avenue Associates, LLC, West, Pierre Associates, LLC, Morningside Associates, LLC, City Point Residential, LLC, 7 Dekalb Owners, LLC, J.S.B. Properties, LLC are added as additionally insured

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER
CANCELLATION

RELATIONSHIP:
 Property Owner/ Lessor

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

Urban Associates, LLC

Urban Associates, LLC
400 West 59th Street
Third Floor
New York, NY 10019

Sadler Sports: Fitness Instructor Insurance Plan

AUTHORIZED REPRESENTATIVE



Coverage is only extended to U.S. events and activities

** NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

ACORD 25 (2014/01)

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

ISO | Commercial General Liability Forms | 07/01/04

POLICY NUMBER: 6BRPG0000006255900**INSURED: Leslie Alex Baril**

COMMERCIAL GENERAL LIABILITY

CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART**SCHEDULE**

1. Name of Additional Insured Person(s) or Organizations(s):

Urban Associates, LLC
400 West 59th Street
Third Floor
New York, NY 10019

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Date Added: 08/17/2018 04:27:07 PM

CG 20 26 04 13