

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 222702285

FRIEDLANDER GROUP, INC.
2500 WESTCHESTER AVE - # 400A
PURCHASE NY 10577



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER STARBRIDGE SERVICES INC 1650 SOUTH AVENUE, SUITE 200 ROCHESTER NY 14620	CERTIFICATE HOLDER NEW YORK STATE EDUCATION DEPT. 89 WASHINGTON AVE ALBANY NY 12234
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POLICY NUMBER G 2180 144-4	CERTIFICATE NUMBER 897523	POLICY PERIOD 08/01/2024 TO 08/01/2025	DATE 08/02/2024
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2180 144-4, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 441465179

