

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 160926404

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



SCAN TO VALIDATE
AND SUBSCRIBE

<p>POLICYHOLDER EAST HOUSE, CORP. 259 MONROE AVENUE SUITE 200 ROCHESTER NY 14607</p>	<p>CERTIFICATE HOLDER MONROE COUNTY 39 W MAIN STREET ROOM 200 ROCHESTER NY 14614</p>
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<p>POLICY NUMBER G 2200 524-3</p>	<p>CERTIFICATE NUMBER 580306</p>	<p>POLICY PERIOD 02/01/2025 TO 02/01/2026</p>	<p>DATE 12/31/2024</p>
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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. 2200 524-3, 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: 104313975

