



**REFCO MANAGEMENT CO. INC.**

**P.O BOX 1027**

**Rock Hill NY 12775**

**PH – 845-888-5246**

**FAX – 845-888-8312**

**E-Mail – [FrankRefco@gmail.com](mailto:FrankRefco@gmail.com) (Frank)**

**E-Mail – [Hectorrefco@gmail.com](mailto:Hectorrefco@gmail.com) (Hector)**

**[WWW.REFCOMANAGEMENT.COM](http://WWW.REFCOMANAGEMENT.COM)**

---

**“CERTIFICATE OF INSURANCE REQUIREMENTS”**

**1>Certificates must have the following listed as additional insured’s:**

A> The Name of the (Co-op, Condo or entity):

B> It’s Board of Directors

C> Refco Management Co Inc.

D> Unit Owners Name or (Tenants Name) \_\_\_\_\_

E> Date and Description

F> Certificate Holder is as Follows:

(Name of Corporation)

Care of: Refco Management Co. Inc

P.O Box 1027

Rock Hill NY 12775

**2> CERTIFICATES MUST INCLUDE WORKMEN’S COMPENSATION COVERAGE.**