SMALL COMMERCIAL PROPERTY OWNERS GROUP, INC
139 FULTON ST. SUITE 310A
NEW YORK, NY 10038
212-292-2705 F. 212-292-2709

March 26, 2003

Mr. R. Radhakrishnan, P.E.
NYC Department of Environmental Protection
59-17- Junction Boulevard,
Flushing, New York, 11373-5108

Dear Mr. Radhakrishnan,

I am writing you regarding your follow-up letter dated January 31, 2003, although this letter had been dated, it had not come to my attention until the beginning of March, and I was attempting to get all the necessary documentation requested. I am enclosing documentation which I have in my possession. Enclosed find the listing where the insurance company has indicated the cost of exterior cleaning at $95,330.00, a copy of an estimate from the insurance company contractor called Quality Building Contractor Incorporated.

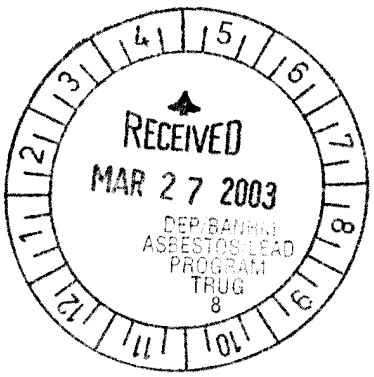
In the estimate for the exterior cleaning, there is a cost of $64,950.00, and an additional $28,000.00 for sidewalk bridging. We will be willing to return the $64,950.00 to you and ask you to do the cleaning.

In your letter of January 31, 2003, you indicated that you will be using HEPA vacuuming and low water pressure, but you did not address the other problems as to the contamination that is lodged behind the peeling paint chips, the windows, the windows putty, and other places where the contamination has become imbedded in other materials on the exterior for the building. We are unsure as to whether this system will actually be able to remove all the contamination on the exterior for our building.

I am hopeful that with your help, we will be able to resolve this matter quickly.

Very truly yours,

Louis Galpern
S.C.P.O.G, Inc.



Insured:	ENT Realty Corp.	DHR
Loss Location:	93-99 Nassau St. a/k/a 139 Fulton St., New York, NY	05/15/02
Date of Loss:	09/11/01	
Policy Number:	IH680 445W8901	
Claim Number:	ATB0138	

Interior Cleaning	
J.S. Held Inc.	$191,511.88
Ventilation System	$7,260.00
Exterior Cleaning	
Quality Building Contractor Inc	$95,330.00
Total	$294,101.88
Less: Deductible	$5,000.00
Claim	$289,101.88

Payments

Payee	Check #	Date	Amount
Insured & Public Adjuster	13076253	11/27/2001	$100,000.00
	Outstanding		$189,101.88

** TOTAL PAGE.02 **

FROM :

PHONE NO. : 0

Mar. 24 2003 03:54PM P4

SCHEDULE "A"—POLICY FORM

Policy Form No. I680-446W890-I Dated 11/11/00-01
Item 1. $ 8,904,000 on building
Item 2. $ ____ on ____
Item 3. $ ____ on ____
Item 4. $ ____ on ____
Situated 139 Fulton St., Sre 310A, N.Y., N.Y.
Coinsurance, Average, Distribution, or Deductible Clauses, if any ____
Loss, if any, payable to insured, Fenner & Gravitz, as per policy

SCHEDULE "B"
STATEMENT OF ACTUAL CASH VALUE AND LOSS AND DAMAGE

		ACTUAL CASH VALUE		LOSS AND DAMAGE
	building			$594,101.88
	less deductible		-	5,000.00
				589,101.88
	less advance		-	289,101.88
	net collects-building			$300,000.00
Totals:				

SCHEDULE "C"—APPORTIONMENT

POLICY NO.	EXPIRES	NAME OF COMPANY	ITEM NO. INSURES	ITEM NO. PAYS	ITEM NO. INSURES	ITEM NO. PAYS
Totals:						

Adjuster

Phone: 516-829-7740

QUALITY BUILDING CONTRACTOR
INCORPORATED

November 20, 2001

Mr. David Reed
P. O. Box 2924
Hartford, Ct. 06104-2924

RE: ENT REALTY CORP.
139 FULTON ST., NY
FAÇADE & WINDOW CLEANING

Dear Mr. Reed:

We herewith submit our proposal for the following work. We are covered with all necessary compensation, public liability and property damage insurance. We provide all rigging and scaffolding under licensed supervision as required and necessary. Contractor to remove all debris from premises as created.

GENERAL SCOPE

Provide all necessary labor, material and scaffolding for façade and window cleaning at above referenced job site, as per your request. As a result of my on-site inspection, I observed that the **paint on this cast iron building is in extremely poor condition**. Although we will use low pressure to clean the façade, we will not be held responsible for any flaking of the paint. If you are interested, we can submit a proposal to repaint the building.

PROCEDURE

1) Clean entire façade with low pressure power washer.
2) Clean all windows

COST OF ABOVE WORK

$60,000.00 + $4,950.00 TAX = $64,950.00 (Price does not include sidewalk bridging)

ALTERNATE: Sidewalk bridging - $28,000.00 + ALL APPLICABLE SALES TAX

Very truly yours,

QUALITY BUILDING CONTRACTOR

RUSSELL GALINDO, VICE-PRESIDENT

Accepted and Approved by:

295 Northern Boulevard - Suite #305, Great Neck, New York 11021

FROM :

PHONE NO. : 0

Mar. 24 2003 03:53PM P1

$ 1,000.00 AM
POLICY AT TIME OF LOSS

11/11/00
DATE ISSUED

11/11/01
DATE EXPIRES

SWORN STATEMENT IN PROOF OF LOSS

I680-446W890-1
POLICY NUMBER

AGENT

AGENCY #

Travelers

To the _____

of _____

At time of loss, by the above indicated policy of insurance you insured EBT Realty Corp. & Small Commercial Property Owners

against loss by CAT/BI to the property described under Schedule "A," according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: A CAT/BI (SPECIFY KIND) loss occurred about the hour _____ o'clock _____ M., on the 11day of September 20 01. The cause and origin of the said loss were: unknown

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: as intended

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was owner No other person or persons had any interest therein or incumbrance thereon, except: as per policy

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: no exceptions

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss, $ as above as more particularly specified in the apportionment attached under Schedule "C," besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. The Actual Cash Value of said property at the time of the loss was ..... $ _____

7. The Whole Loss and Damage was ..... $ 594,101.88

8. Less Amount of Deductible ..... $ 5,000.00

9. The Amount Claimed under the above numbered policy is ..... $ 300,000.00

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

Any person who knowingly and with intent to defraud any insurance company or other person files a Statement of Claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

EBT Realty Corp. & Small Commercial Property Owners

Insured

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ 20 02

MATTHEW LIEBERMAN
Comm. of Deeds, City of N.Y.
No. 4-2566
Cert. Filed in Queens County
Commission Expires Dec. 1, 20

Notary Public

03/081

ε

Travelers

Street Address:
301 Windsor Street
Hartford, CT 06120
Mailing Address:
P.O. Box 2924
Hartford, CT 06104-2924

David Reed
Claim Services
(860) 277-7142
(203) 601-4040 (fax)
e-mail: dreed@travelers.com

FAX COVER SHEET

Date: May 15, 2002

To: Brian Clayman
Company: Fenner & Gravitz, Inc

Phone: 516-295-3006
Fax: 516-295-2071

Number of pages including cover sheet: 2

Mr. Clayman:

OUR INSURED: ENT Realty Corp., et al
LOSS LOCATION: 93-99 Nassau Street., aka 156 Fulton Street, New York, NY
DATE OF LOSS: September 11, 2001
POLICY NUMBER: 680 446 W 2001
CLAIM NUMBER: ATE0135

Attached you find a worksheet outlining Travelers evaluation of the undisputed portion of the insured's claim. We are prepared to issue the outstanding amount of $139,101.33 once the appropriate documents are received by us. In the meantime if you have any questions please contact the undersigned.

Travelers reserves all of its rights in this matter, and does not hereby waive any of the terms or conditions of the above-referenced policy of insurance.

David Reed
Claim Services

212-693-7451
Phone

~~(212) 416-0351~~

212 667-8987
Fax

~~Ms. Annette Ashid~~

Ron Mayer

212-416-0377

PII

PII

PII

Fax 212-667-8987