

SAMPLE

CERTIFICATE OF INSURANCE

date (mm/dd/yy)

PRODUCER  
  
VENDORS INSURANCE COMPANY

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY  
A INSURANCE COMPANY

INSURED  
  
VENDOR NAME  
VENDOR ADDRESS

COMPANY  
B

COMPANY  
C

COMPANY  
D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING ANY REQUIREMENT, TERMOR 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GEN'L LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTR'S PROT <input checked="" type="checkbox"/> contractual liab.incl.		MM-DD-YY	MM-DD-YY	EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS- COMP / OP AGG	\$ 1,000,000    \$ 1,000,000
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____		MM-DD-YY	MM-DD-YY	COMBINED SINGLE LIMIT  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE	\$ 1,000,000  \$  \$  \$
	<b>GARAGE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA. ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE	\$ \$ \$ \$
B	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		MM-DD-YY	MM-DD-YY	EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000 \$
D	<b>WORKER'S COMP. AND EMPLOYER'S LIABILITY</b> THE PROP/PARTNERS/ <input type="checkbox"/> INCL EXEC. OFFICERS ARE <input type="checkbox"/> EXCL		MM-DD-YY	MM-DD-YY	X STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
	<b>FIDELITY BOND</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Fisk Building Associates LLC, and its members, 250 West 57<sup>th</sup> Street Associates LLC, and its members and Cushman & Wakefield, Inc. and their respective subsidiaries and affiliates are hereby named as additional insured.

CERTIFICATE HOLDER

Cushman & Wakefield, Inc.  
As Agent for  
Fisk Building Associates LLC  
250 West 57<sup>th</sup> Street  
New York, NY 10107

Attn: Betty McIlveen

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED SIGNATURE