



# CERTIFICATE OF LIABILITY INSURANCE

## \*Required ←

DATE (MM/DD/YYYY)

HOLDER, THIS  
THE POLICIES  
AUTHORIZED/ED, subject to  
fer rights to the

NAIC #

POLICY PERIOD  
TO WHICH THISTHIS CERTIFICATE  
BELOW REPRESENTS  
IMPORTANCE OF  
the term  
certification

PRODUCER

INSURED

# Sample

## COVERAGE

THIS IS TO INDICATE THE COVERAGE 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.

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSR WVD   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                             |                         |
|----------|--|--|---------------|-------------------------|-------------------------|------------------------------------|-------------------------|
| * A      | <b>GENERAL LIABILITY</b>   |  |               |                         |                         | CURRENCE TO RENTED (Ea occurrence) | \$ 1,000,000            |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |               |                         |                         | (Any one person)                   | \$ 100,000              |
|          | GENL AGGREGATE LIMIT APPLIES PER:  |  |               |                         |                         | IL & ADV INJURY                    | \$ EXCLUDED             |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |  |               |                         |                         | AGGREGATE                          | \$ 2,000,000            |
| * A      | <b>AUTOMOBILE LIABILITY</b>  |  |               |                         |                         | S - COM/OP AGG                     | \$ EXCLUDED             |
|          | <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS  | <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS                       |               |                         |                         | D SINGLE LIMIT (M)                 | \$                      |
|          | <input type="checkbox"/> HIRED AUTOS   |  |               |                         |                         | INJURY (Per person)                | \$                      |
|          | <input checked="" type="checkbox"/> UMBRELLA LIAB  | <input checked="" type="checkbox"/> OCCUR                                      |               |                         |                         | INJURY (Per accident)              | \$                      |
|          | <input type="checkbox"/> EXCESS LIAB   | <input type="checkbox"/> CLAIMS-MADE   |               |                         |                         | PROPERTY DAMAGE (M)                | \$                      |
|          | DED  | RETENTIONS   |               |                         |                         |                                    | \$                      |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |  |               |                         |                         | CURRENCE                           | \$ 10,000,000           |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | <input type="checkbox"/> Y//   |               |                         |                         | TE                                 | \$ 10,000,000           |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |  |               |                         |                         |                                    | \$                      |
| B        | Excess Liability Coverage  | Q106501470   |               | 12/21/2012              | 12/21/2013              | EL DISEASE - POLICY LIMIT          | \$                      |
|          |  |  |               |                         |                         |                                    | \$14,000,000 Occurrence |
|          |  |  |               |                         |                         |                                    | \$14,000,000 Aggregate  |

## PLEASE FAX TO: 413-774-6053

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: 104 West 40th Street, NY, NY 10018. Included as additional insureds: Park House Plaza LLC (owner) its Partners and Affiliates, Princeton International Properties Corp., as Managing Agent, Wells Fargo Bank N.A. Lender-801 W. 4th Street, Winston Salem, NC 27101.

## CERTIFICATE HOLDER

## CANCELLATION

\* Park House Plaza LLC  
Princeton Int'l Properties  
Managing Agent  
232 Madison Avenue 204  
New York, NY 10016

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Adam Smith/CARLA

*Adam Smith*