

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PRODUCER Insurance Agency PHONE (A/C, No. Ext): E-MAIL ADDRESS: (A/C. No): Address City, State Zip Code INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: AM Best Rate A-/VIII or better INSURED INSURER B: Contractor INSURER C: Address INSURER D City, State, Zip Code INSURER E : INSURER F COVERAGES CERTIFICATE NUMBER: **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR 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. ADDL SUBR POLICY EFF (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** GENERAL LIABILITY \$1,000,000 EACH OCCURRENCE A X X MM/DD/YY MM/DD/YY Policy Number DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY s 1,000,000 CLAIMS-MADE V OCCUR \$10,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY s 2,000,000 **GENERAL AGGREGATE** \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG POLICY PRO-✓ LOC COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 AUTOMOBILE LIABILITY B X X MM/DD/YY MM/DD/YY **Policy Number** ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED \$ **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS UMBRELLA LIAB s 5,000,000 OCCUR EACH OCCURRENCE C MM/DD/YY MM/DD/YY X X **Policy Number** \$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION WC STATU-TORY LIMITS D X MM/DD/YY MM/DD/YY AND EMPLOYERS' LIABILITY **Policy Number** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) \$1,000,000 E.L. EACH ACCIDENT N/A \$500,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000 Excess Liability Policy Number MM/DD/YY MM/DD/YY \$5,000,000 xs \$5,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 237 Park LH Owner LLC, RXR Property Management LLC, RXR Construction Services LLC, RXR Partners LLC, its affiliates and/or subsidiary companies as exist now or may exist in the future are included as additional insureds as respects work and/or services performed at 237 Park Avenue, New York, NY 10017. Waiver of Subrogation Applies. Insurance is Primary and Non Contributory. MATCH EXACTLY. NO OMISSIONS OR TYPOS. CERTIFICATE HOLDER CANCELLATION 237 Park LH Owner LLC MUST MATCH EXACTLY. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE NO ADDITIONS, OMISSIONS OR 237 Park Avenue THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. New York, NY 10017 **AUTHORIZED REPRESENTATIVE**