

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

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).

PRODUCER	PHONE:	Contact Name:
	FAX:	Phone: FAX:
		E-Mail:
		Producer:
		Customer ID:
		INSURER(S) AFFORDING COVERAGE
		NAIC #
		INSURER A: AM Best Rate A-/VIII or better
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

Attn: INSURED **VENDOR/SUBCONTRACTOR**

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. 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.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		(MM/DD/YY)	(MM/DD/YY)	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS		<input checked="" type="checkbox"/>				COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (per person) BODILY INJURY (per accident) PROPERTY DAMAGE (per acc.)
<input checked="" type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB OCCUR <input checked="" type="checkbox"/> DEDUCTIBLE CLAIMS MADE RETENTION				(MM/DD/YY)	(MM/DD/YY)	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe below		N/A		(MM/DD/YY)	(MM/DD/YY)	WC STATUTORY LIMITS <input checked="" type="checkbox"/> EL EACH ACCIDENT \$100,000 EL DISEASE - POLICY LIMIT \$500,000 EL DISEASE - EACH EMPLOYEE \$100,000

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

RXR 32 Old Slip Owner LLC, RXR Property Management LLC, RXR Partners LLC, RXR Construction & Development 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 32 Old Slip, New York NY 10005

CERTIFICATE HOLDER

CANCELLATION

RXR 32 Old Slip Owner LLC
Attn: Property Management
32 Old Slip
New York, NY 10005

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