

CERTIFICATE OF LIABILITY INSURANCE

135WI-1

OP ID: NA

02/10/2015

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).

ACCUSED A CEC.							
			INSURER F:				
			INSURER E:				
	,	1	INSURER D:				
	123 Main Street New York, NY 1000		INSURER C : GHI Insurance Company				
INSURED	Contractor		INSURER B : DEF Insurance Company				
			INSURER A : ABC Insurance Company				
14 Front Street Hempstead, NY 11550			INSURER(S) AFFORDING COVERAGE	NAIC #			
			E-MAIL ADDRESS:				
Total Management Corp. 3rd Floor			PHONE (A/C, No, Ext):	FAX (A/C, No):			
PRODUCER Total Management Corp.			CONTACT NAME:				

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY	х	х	123456789	02/10/2015	02/10/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
	Contractual Liab						PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO- JECT LOC							\$	
	X ANY AUTO SCHEDULED AUTOS AUTOS AUTOS			123456789	02/10/2015	02/10/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α			X X				BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
								\$	
	X UMBRELLA LIAB OCCUR	OCCUR CLAIMS-MADE X	x x	123456789	02/10/2015	02/10/2016	EACH OCCURRENCE	\$	5,000,000
В	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
	DED RETENTION\$							\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		A X	123456789 0	02/10/2015	02/10/2016	X WC STATU- TORY LIMITS OTH- ER		
С							E.L. EACH ACCIDENT	\$	100,000
							E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
135 Willow Owners Corp, its directors, members, volunteers, and Marin
Management Corp are named as additional insureds with respect to all
operations of the named insured at 135 Willow Street, Brooklyn, NY. Coverage
is to be primary & non contributing and shall include waiver of subrogation
in the certificate holder's favor.

CERTIFICATE HOLDER	CANCELLATION					
135 Willow Owners Corp & Marin Management Corp.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
c/o Marin Management Corp 157 East 25th St New York, NY 10010	AUTHORIZED REPRESENTATIVE					