

PRODUCER  <p style="text-align: center; font-size: 1.2em;">INSURANCE COMPANY</p>	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.  <p style="text-align: center; font-weight: bold;">INSURERS AFFORDING COVERAGE</p>
INSURED  <p style="text-align: center; font-size: 1.2em;">NAME OF VENDOR</p>	INSURER A:  INSURER B:  INSURER C:  INSURER D:  INSURER E:

**COVERAGES**  
 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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES(Ea occur) \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> CONTRACTUAL LIAB.	X	X				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> INCLUDED						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER.						PRODUCTS - COMP/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						FIRE DAMAGE (Any on fire) \$ 1,000,000	
<b>B</b>	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	X	X				BODILY INJURY (Per Person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per Accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
	GARAGE LIABILITY						AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO	X	X				OTHER THAN EA ACC \$
							AUTO ONLY: AGG \$
<b>B</b>	EXCESS LIABILITY						EACH OCCURRENCE \$depends on trade
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	X	X				AGGREGATE \$
	<input type="checkbox"/>						\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
<b>B</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X   WC STATUTORY LIMITS   OTHER STATUTORY
	ANY PROPRIETOR/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	N/A	X				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
<b>C</b>	OTHER UMBRELLA	X	X				EACH OCCURRENCE & AGGREGATE \$2,000,000

Sample

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 RE: (Insert Tenant Name/Project Name as additional insured)  
 Brookfield Office Properties Inc., Brookfield Properties (USA II) LLC, BFP Tower C Co. LLC, BFP Tower C MM LLC, Battery Park City Authority, The Commissioner of Transportation for the People of the State of New York, any present and future mortgagee which encumbers an interests in the land or improvements at 200 Vesey Street, New York, New York, American Express Company, American Express Travel Related Services Company Inc., CB Richard Ellis, Inc., CBRE Real Estate Services, Inc., and each of their respective affiliates, shareholders, partners (including partners of partners), subsidiaries and related entities, and any successors and assigns of such entities

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER</b> _____	<b>CANCELLATION</b>
<b>BFP Tower C Co. LLC</b> 200 Vesey Street New York, NY 10281		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <b>30</b> 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 REPRESENTATIVE _____

COI NOT VALID UNLESS BOXES UNDERNEATH ADDL INSD AND SUBR WVD ARE CHECKED.