

CERTIFICATE OF INSURANCE

PRODUCER		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 policy below.															
		COMPANIES AFFORDING COVERAGE															
INSURED		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Company Letter</td><td style="text-align: center;">A</td></tr> <tr><td>Company Letter</td><td style="text-align: center;">B</td></tr> <tr><td>Company Letter</td><td style="text-align: center;">C</td></tr> <tr><td>Company Letter</td><td style="text-align: center;">D</td></tr> <tr><td>Company Letter</td><td style="text-align: center;">E</td></tr> </table>				Company Letter	A	Company Letter	B	Company Letter	C	Company Letter	D	Company Letter	E		
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COVERAGE																	
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.																	
Co ltr	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits												
	General Liability <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur. <input type="checkbox"/> Owner's & Contractor's Prot. <input type="checkbox"/> _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>General Aggregate</td><td style="text-align: right;">\$</td></tr> <tr><td>Products/Comp/op Agg.</td><td style="text-align: right;">\$</td></tr> <tr><td>Personal & Adv. Injury</td><td style="text-align: right;">\$</td></tr> <tr><td>Each Occurrence</td><td style="text-align: right;">\$</td></tr> <tr><td>Fire Damage (Any one fire)</td><td style="text-align: right;">\$</td></tr> <tr><td>Med. Expense (Any one person)</td><td style="text-align: right;">\$</td></tr> </table>	General Aggregate	\$	Products/Comp/op Agg.	\$	Personal & Adv. Injury	\$	Each Occurrence	\$	Fire Damage (Any one fire)	\$	Med. Expense (Any one person)	\$
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	Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Combined Single Limit</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>Property Damage</td><td style="text-align: right;">\$</td></tr> </table>	Combined Single Limit	\$	Bodily Injury (per person)	\$	Bodily Injury (per accident)	\$	Property Damage	\$				
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	Worker's Compensation And Employer's Liability				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Statutory Limits</td><td></td></tr> <tr><td>Each Incident</td><td style="text-align: right;">\$</td></tr> <tr><td>Disease-policy limit</td><td style="text-align: right;">\$</td></tr> <tr><td>Disease-each employee</td><td style="text-align: right;">\$</td></tr> </table>	<input type="checkbox"/> Statutory Limits		Each Incident	\$	Disease-policy limit	\$	Disease-each employee	\$				
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	Other																
DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/SPECIAL ITEMS <u>ADDITIONAL INSURED:</u> 180 Varick, LLC., Olmstead Properties, Inc., and their partners, officers, directors, agents and employees are included as additional insureds on primary non-contributory basis. Waiver of subrogation applies.																	
CERTIFICATE HOLDER			CANCELLATION														
180 Varick, LLC. C/o Olmstead Properties, Inc. 575 Eighth Avenue – Suite 2400 New York, NY 10018			Should any of the above described policies be cancelled before the expiration date noted, notice will be delivered in accordance with policy provisions.														
			AUTHORIZED REPRESENTATIVE														

- Commercial General Liability with a combined Bodily Injury and Property Damage limit of no less than one million dollars per occurrence
- Commercial General Liability with no less than two million dollars in the aggregate. The limits should be applicable either by per project or per location.
- Umbrella liability with a combined Bodily Injury and Property Damage limit no less than five million dollars per occurrence.
- All certificates must be on an Accord 25 form.
- Workers compensation