ACORD   Example of a Certificate of Liability Insurance

DATE (MM/DD/YY)

Producer: Insurance Company Address City, Zip, State Phone Number & Fax Number	Insurers Affording Coverage
Insured Tenant/Vendor Name Address City, State, Zip Phone Number & Fax Number	Insurer A:
	Insurer B:
	Insurer C:
	Insurer D:
	Insurer E:

Coverage

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (mm/dd/yy)	POLICY EXPIRATION DATE (mm/dd/yy)	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY Claims Made / occur X Per Project Agg Gen'l Aggregate Limit Applies Per Policy / X Project / Loc	99999-99-99	01/01/20__	01/01/20__	EACH OCCURRENCE	**$1,000,000**
					FIRE DAMAGE (ANY 1 FIRE)	xxx,xxx
					MED EXP (ANY 1 PERSON)	x,xxx
					PERSONAL & ADV INJURY	x,xxx,xxx
					GENERAL AGGREGATE	**$2,000,000**
					PRODUCTS = COMP/OP AGG	x,xxx,xxx
					PROPERTY DAMAGE	x,xxx,xxx
A	X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	99999-99-99	01/01/20__	01/01/20__	COMBINED SINGLE LIMIT (Ea accident)	**$1,000,000**
					BODILY INJURY (Per Person)	x,xxx,xxx
					BODILY INJURY (Per accident)	x,xxx,xxx
					PROPERTY DAMAGE (Per accident)	x,xxx,xxx
	GARAGE LIABILITY ANY AUTO				AUTO ONLY-EA ACCIDENT	$
					OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$
B	**EXCESS LIABILITY** X OCCUR / CLAIMS MADE DEDUCTIBLE X RETENTION $ NIL	XYZ99999999	01/01/20__	01/01/20__	EACH OCCURRENCE	**$2,000,000**
					AGGREGATE	**$2,000,000**
						$
						$
					$	
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ******	JO9999999	01/01/20__	01/01/20__	WC - STATE STATUTORY LIMITS	
					E.L. EACH ACCIDENT	**$1,000,000**
					E.L. DISEASE - EA EMPLOYEE	**$1,000,000**
					E.L. DISEASE - POLICY LIMIT	**$1,000,000**
	ERRORS & OMISSIONS					x,xxx,xxx
	FIDELITY BOND					xxx,xxx
A A	PROF. LIAB. - CG2280 INST. FLOATER				Occ. / agg. Limit	Xmil /X mil $xxx,xxx

Re: Property located at 386 Park Avenues South, New York, NY 10016
(Tenant
Lease Name)., 386 Park Avenue South LLC (property ownership entity) and HSRC Management LLC are included as additional insured

Certificate Holder	Y	X	ADDITIONAL INSURED;INSURED LETTER	**CANCELLATION**
386 PARK SOUTH LLC c/o HSRC Management LLC 386 Park Avenue South, 2nd Floor New York, NY 10016				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPERATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE