



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
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).

<b>PRODUCER</b>  <b>MARSH USA INC.</b> <b>507 PLUM STREET, SUITE 110</b> <b>SYRACUSE, NY 13204</b>	<b>CONTACT NAME:</b> <b>RENEE IMPAGLIA</b>	
	<b>PHONE (A/C, No, Ext):</b> <b>315-425-3924</b>	<b>FAX (A/C, No):</b> <b>315-425-3952</b>
<b>E-MAIL ADDRESS:</b> <b>RENEE.M.IMPAGLIA@MARSH.COM</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> <b>ABC INSURANCE COMPANY</b>		<b>11111</b>
<b>INSURER B:</b>		
<b>INSURER C:</b> <b>COMPANIES MUST HAVE AN AM BEST</b>		<b>5 DIGIT</b>
<b>INSURER D:</b> <b>RATING OF A- OR BETTER AND BE</b>		<b>CODE</b>
<b>INSURER E:</b> <b>LICENSED TO DO BUSINESS IN THE</b>		
<b>INSURER F:</b> <b>STATE WHERE MALL IS LOCATED</b>		

**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)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>DED / SIR IF ANY</b> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	Y	<b>PER LOCATION BOX MUST BE CHECKED</b>	<b>DATES OF LEASE AGREEMENT</b>		EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>1,000,000</b> PRODUCTS - COM/OP AGG \$ <b>1,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y				<b>NY POLICY MUST INCLUDE "ANY AUTO"</b>
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> DED <input checked="" type="checkbox"/> <b>RETENTION \$ IF ANY</b>	Y	Y	<b>FULL POLICY LIMIT SHOULD BE SHOWN</b>	<b>MINIMUM LIMITS REQUIRED</b>	<b>DATES OF LEASE AGREEMENT</b>	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	<b>AS REQUIRED BY THE LAWS OF THE STATE OF MALL LOCATION. NY MUST BE LISTED UNDER ITEM 3A OF THE POLICY (NY STATE LAW)</b>	<b>DATES OF LEASE AGREEMENT</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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

**SEE ATTACHED**

<b>CERTIFICATE HOLDER</b>  <b>HOLYOKE MALL COMPANY, L.P.</b> <b>C/O PYRAMID MANAGEMENT GROUP, LLC</b> <b>50 HOLYOKE STREET</b> <b>PO BOX 10180</b> <b>HOLYOKE, MA 01041</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  <b>SIGNATURE IS REQUIRED</b>
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AGENCY CUSTOMER ID:  
LOC #:

### ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY <b>MARSH USA INC.</b>		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

**GENERAL LIABILITY:**

ADDITIONAL INSURED APPLIES PER ATTACHED FORM \_\_\_\_\_

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM \_\_\_\_\_

15 DAYS NOTICE OF CANCELLATION FOR LANDLORD APPLIES PER ATTACHED FORM \_\_\_\_\_

**AUTOMOBILE:**

ADDITIONAL INSURED APPLIES PER ATTACHED FORM \_\_\_\_\_

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM \_\_\_\_\_

**WORKERS' COMPENSATION:**

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM \_\_\_\_\_

**UMBRELLA COVERAGE FOLLOWS FORM OF THE GENERAL LIABILITY, AUTOMOBILE AND WORKERS' COMPENSATION POLICIES.**