



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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>CONTACT NAME:</b>	<b>FAX (A/C, No):</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>E-MAIL ADDRESS:</b>	
<b>STANDARD INSURANCE REQUIREMENTS</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A: ABC INSURANCE COMPANY</b>		<b>11111</b>
	<b>INSURER B:</b>		
	<b>INSURER C: COMPANIES MUST HAVE AN AM BEST</b>		<b>MUST</b>
	<b>INSURER D: RATING OF A- OR BETTER AND BE</b>		<b>HAVE</b>
	<b>INSURER E: LICENSED TO DO BUSINESS IN THE</b>		<b>5 DIGIT</b>
<b>INSURED</b>	<b>INSURER F: STATE WHERE MALL IS LOCATED</b>		<b>CODE</b>
	<b>NAME OF BUSINESS SHOWN IN CONTRACT</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"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input checked="" type="checkbox"/> <b>DED / SIR IF ANY</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> <b>POLICY</b> <input checked="" type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>	Y	Y	<b>COVERAGE TO INCLUDE BROAD FORM PROPERTY DAMAGE, CONTRACTUAL INDEMNITY COVERAGE INCLUDING ON-GOING AND COMPLETED OPERATIONS</b>  <b>PER PROJECT MUST APPLY</b>			<b>EACH OCCURRENCE</b> \$ <b>1,000,000</b> <b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ <b>100,000</b> <b>MED EXP (Any one person)</b> \$ <b>PERSONAL &amp; ADV INJURY</b> \$ <b>1,000,000</b> <b>GENERAL AGGREGATE</b> \$ <b>2,000,000</b> <b>PRODUCTS - COMP/OP AGG</b> \$ <b>2,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input checked="" type="checkbox"/> <b>SCHEDULED AUTOS</b> <input checked="" type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>	Y	Y	<b>POLICY MUST INCLUDE "ANY AUTO" IF INSURED HAS VEHICLES</b> <b>If no vehicles, hired and non-owned required</b>			<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$ <b>1,000,000</b> <b>BODILY INJURY (Per person)</b> \$ <b>BODILY INJURY (Per accident)</b> \$ <b>PROPERTY DAMAGE (Per accident)</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> <input type="checkbox"/> <b>DED</b> <input checked="" type="checkbox"/> <b>RETENTION \$</b> <b>IF ANY</b>	Y	Y				<b>EACH OCCURRENCE</b> \$ <b>3,000,000</b> <b>AGGREGATE</b> \$ <b>3,000,000</b> \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> <b>N</b>	N/A	<b>NY MUST BE LISTED UNDER ITEM 3A OF THE POLICY (NY STATE LAW) IF WORKING IN NY STATE</b>			<input checked="" type="checkbox"/> <b>WC STATU-TORY LIMITS</b> <input type="checkbox"/> <b>OTH-ER</b> <b>E.L. EACH ACCIDENT</b> \$ <b>1,000,000</b> <b>E.L. DISEASE - EA EMPLOYEE</b> \$ <b>1,000,000</b> <b>E.L. DISEASE - POLICY LIMIT</b> \$ <b>1,000,000</b>

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

## INCLUDE JOB INFORMATION HERE

Pyramid Management Group, LLC, property owners (put in specific property) and its respective affiliates as additional insureds.

SEE ATTACHED

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>NAME OF MALL OWNER &amp; PYRAMID MANAGEMENT GROUP, LLC</b> <b>4 CLINTON SQUARE</b> <b>SYRACUSE, NY 13202</b>	<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>
	<b>AUTHORIZED REPRESENTATIVE</b>  <b>SIGNATURE IS REQUIRED</b>

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AGENCY CUSTOMER ID:  
LOC #:

## ADDITIONAL REMARKS SCHEDULE

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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, INCLUDING COMPLETED OPERATIONS, ON A PRIMARY AND NON-CONTRIBUTORY BASIS APPLIES

WAIVER OF SUBROGATION APPLIES

30 DAYS NOTICE PRIOR THE CANCELLATION, NON-RENEWAL AND REDUCTION IN LIMITS (MATERIAL CHANGE) WILL BE MAILED TO THE CERTIFICATE HOLDER

#### AUTOMOBILE:

ADDITIONAL INSURED ON A PRIMARY AND NON-CONTRIBUTORY BASIS APPLIES

WAIVER OF SUBROGATION APPLIES

30 DAYS NOTICE PRIOR THE CANCELLATION, NON-RENEWAL AND REDUCTION IN LIMITS (MATERIAL CHANGE) WILL BE MAILED TO THE CERTIFICATE HOLDER

#### UMBRELLA:

30 DAYS NOTICE PRIOR THE CANCELLATION, NON-RENEWAL AND REDUCTION IN LIMITS (MATERIAL CHANGE) WILL BE MAILED TO THE CERTIFICATE HOLDER

WAIVER OF SUBROGATION APPLIES

UMBRELLA LIABILITY FOLLOWS FORM OF THE GENERAL LIABILITY POLICY