



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2017

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).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
STANDARD INSURANCE REQUIREMENTS	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A : ABC INSURANCE COMPANY	NAIC # 11111
NAME OF BUSINESS SHOWN IN CONTRACT	INSURER B :	
	INSURER C : COMPANIES MUST HAVE AN AM BEST	MUST
	INSURER D : RATING OF A- OR BETTER AND BE	HAVE
	INSURER E : LICENSED TO DO BUSINESS IN THE	5 DIGIT
	INSURER F : STATE WHERE MALL IS LOCATED	CODE

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DED / SIR IF ANY GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	COVERAGE TO INCLUDE BROAD FORM PROPERTY DAMAGE, CONTRACTUAL INDEMNITY COVERAGE INCLUDING ON-GOING AND COMPLETED OPERATIONS			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	POLICY MUST INCLUDE "ANY AUTO" IF INSURED HAS VEHICLES			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ IF ANY	Y	Y				EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NY MUST BE LISTED UNDER ITEM 3A OF THE POLICY (NY STATE LAW) IF WORKING IN NY STATE			<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	OWNERS & CONTRACTORS PROTECTIVE LIABILITY (OCP)						\$2,000,000 OCCURENCE \$2,000,000 AGGREGATE

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

(NAMED INSURED ON OCP MUST BE OWNER/MALL AND PYRAMID MANAGEMENT GROUP, LLC)

ENDORSEMENT AND SPECIAL CONDITION LANGUAGE CANNOT BE SHOWN HERE - MUST BE SHOWN ON 2ND PAGE OR THE ACORD 101

SEE ATTACHED

CERTIFICATE HOLDER	CANCELLATION
CROSSGATES MALL GENERAL COMPANY NEWCO, LLC C/O PYRAMID MANAGEMENT GROUP, LLC 4 CLINTON SQUARE SYRACUSE, NY 13202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	SIGNATURE IS REQUIRED



AGENCY CUSTOMER ID:
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY MARSH USA INC.		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

****ALL FORMS MUST BE ATTACHED AND FORM NUMBERS LISTED BELOW****

GENERAL LIABILITY:

ADDITIONAL INSURED, INCLUDING ON-GOING AND COMPLETED OPERATIONS, ON A PRIMARY AND NON-CONTRIBUTORY BASIS APPLIES PER ATTACHED FORM(S) _____

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM _____

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

AUTOMOBILE:

ADDITIONAL INSURED ON A PRIMARY BASIS APPLIES PER ATTACHED FORM _____

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM _____

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

UMBRELLA:

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

WORKERS' COMPENSATION:

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM _____

UMBRELLA FOLLOWS FORM OF THE GENERAL LIABILITY POLICY.

**** IF UMBRELLA DOES NOT FOLLOW FORM THEN ADDITIONAL INSURED, WAIVER OF SUBROGATION AND 30 DAYS NOTICE ENDORSEMENTS MUST BE ATTACHED.**