

**COVERAGES** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2015

s 1,000,000

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 RENEE IMPAGLIA		
MARSH USA INC.	PHONE (A/C, No, Ext): 315-425-3924 FAX (A/C, No): 315-4	25-3952	
507 PLUM STREET, SUITE 110 SYRACUSE, NY 13204	E-MAIL ADDRESS: RENEE.M.IMPAGLIA@MARSH.COM		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: ABC INSURANCE COMPANY	11111	
INSURED	INSURER B:		
LICENSE AGREEMENT	INSURER C: COMPANIES MUST HAVE AN AM BEST	5 DIGIT	
	INSURER D: RATING OF A- OR BETTER AND BE	CODE	
	INSURER E: LICENSED TO DO BUSINESS IN THE		
	INSURER F: STATE WHERE MALL IS LOCATED		

**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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS INSR WVD **POLICY NUMBER GENERAL LIABILITY** Α EACH OCCURRENCE \$ 1,000,000 DATES OF DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY LEASE \$ 100,000 CLAIMS-MADE occu**X** MED EXP (Any one person) \$ 10,000 **AGREEMENT** PERSONAL & ADV INJURY \$ 1,000,000

X DED / SIR IF ANY \$ 1,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG \$ 1,000,000 PER LOCATION BOX MUST BE CHECKED X Loc POLICY COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** Α 1,000,000 Υ Y NY POLICY MUST DATES OF **BODILY INJURY (Per person)** ANY AUTO **INCLUDE "ANY AUTO"** LEASE ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AGREEMENT PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS MINIMUM LIMITS **UMBRELLA LIAB** X OCCUR \$ 1,000,000 X Υ **EACH OCCURRENCE FULL POLICY LIMIT** REQUIRED **EXCESS LIAB** \$ 1,000,000 CLAIMS-MADE AGGREGATE SHOULD BE SHOWN DATES OF LEASE DED X RETENTION \$ IF ANY AGREEMENT WORKERS COMPENSATION X WC STATU-TORY LIMITS OTH ER AS REQUIRED BY THE LAWS OF THE STATE OF AND EMPLOYERS' LIABILITY s 1,000.000 MALL LOCATION. NY MUST BE LISTED UNDER ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT Ν N/A ITEM 3A OF THE POLICY (NY STATE LAW) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 (Mandatory in NH)

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

**SEE ATTACHED** 

If yes, describe under DESCRIPTION OF OPERATIONS below

**CERTIFICATE HOLDER** 

PYRAMID MALL OF HADLEY NEWCO LLC C/O PYRAMID MANAGEMENT GROUP, LLC **367 RUSSELL STREET HADLEY, MA 01035** 

**CANCELLATION** 

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** 

DATES OF LEASE AGREEMENT

SIGNATURE IS REQUIRED

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E.L. DISEASE - POLICY LIMIT





ADDITION	<b>NAL REM</b>	MARKS SCHEDULE	Page	of		
AGENCY		NAMED INSURED				
MARSH USA INC.						
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	R ATTACHE	ED FORM				
UMBRELLA COVERAGE FOLLOWS FORM OF COMPENSATION POLICIES.	THE GENE	ERAL LIABILITY, AUTOMOBILE AND WO	ORKERS'			