

## 205 East 42<sup>nd</sup> Street

### Required Insurance Documents

1. **Certificate of Insurance** A Certificate of Insurance must include coverages and limits as required by the Indemnity Agreement and list the Additional Insureds.
2. **Evidence of Workers' Compensation** Evidence of Workers' Compensation must include coverage for the state of New York.
3. **Proof of Automobile Liability** In order for vehicles to be permitted on the property Automobile Liability coverage with a combined single limit of at least \$1,000,000 must be provided along with additional insured status.
4. **Waiver of Subrogation** This can be provided on the Certificate of Insurance and/or by endorsement.
5. **Primary and Non-Contributory Coverage** This needs to be clearly stated on the Certificate of Insurance and/or by endorsement.
6. **Endorsements and Schedule of Forms** Copies of endorsements (1) CG2010 and CG2037 or their equivalents evidencing ongoing operations/premises liability and completed operations, (2) CG2404 or its equivalent evidencing waiver of subrogation, (3) CG2001 (04/13) or its equivalent evidencing primary and non-contributory coverage), and (4) CG00 01 07 98 or its equivalent evidencing cross-liability are required and need to be linked to the Certificate of Insurance (by listing the endorsement(s) on the certificate and/or listing the policy number on the endorsement(s)). A copy of a Schedule of Forms/Endorsements is also required.
7. **Executed Indemnity Agreement** In order for insurance to be valid, there needs to be an Indemnity Agreement that is executed prior to commencement of work. Indemnity Agreements include, but are not limited to: Hold Harmless forms, Purchase/Work Orders (with terms and conditions attached), contracts, and agreements.

Depending on the scope of work, other insurance provisions may be required. Please consult the Indemnity Agreement for further details.

Enclosures:

1. Sample COI
2. Additional Insureds List



# 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).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
E-MAIL ADDRESS:			
PRODUCER CUSTOMER ID #:			
INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

**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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		X				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE (either is acceptable) RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<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			N/A			WC STATU-TORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b> Royal Realty Corp. Attn: Rick Villacampa One Bryant Park, 49th Floor New York, NY 10036	<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.
	AUTHORIZED REPRESENTATIVE

**Additional Insureds List**  
**205 East 42<sup>nd</sup> Street**

**Certificate Holder**

Royal Realty Corp.  
Attn: Rick Villacampa  
One Bryant Park, 49<sup>th</sup> Floor  
New York, NY 10036

**Additional Insureds**

205 Condominium  
The Board of Managers of 205 Condominium  
DOLP 205 Leasehold LLC  
DOLP 205 Properties II LLC  
The Durst Manager LLC  
SRDA Manager, LLC  
Royal Realty Corp.  
The Durst Organization Inc.  
Citibank NA, its successors and/or assigns