

SAMPLE		CERTIFICATE OF INSURANCE				date (mm/dd/yy)
PRODUCER VENDORS INSURANCE COMPANY		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
		COMPANIES AFFORDING COVERAGE				
		COMPANY A				
INSURED VENDOR NAME VENDOR ADDRESS		COMPANY B				
		COMPANY C				
		COMPANY D				
COVERAGES						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN'L LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTR'S PROT <input checked="" type="checkbox"/> <u>contractual liab.incl.</u>		MM-DD-YY	MM-DD-YY	EACH OCCURRENCE FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$1,000,000 PRODUCTS- COMP / OP AGG \$	
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____		MM-DD-YY	MM-DD-YY	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	
	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA. ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$	
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		MM-DD-YY	MM-DD-YY	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$	
D	WORKER'S COMP. AND EMPLOYER'S LIABILITY THE PROP/PARTNERS/ <input type="checkbox"/> INCL EXEC. OFFICERS ARE <input type="checkbox"/> EXCL		MM-DD-YY	MM-DD-YY	X STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE - POLICY LIMIT \$1,000,000 DISEASE - EACH EMPLOYEE \$1,000,000	
	FIDELITY BOND					\$ 50,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS The City University Of New York, 395 Hudson Condominium, 395 Hudson New York LLC, New York City District Council of Carpenters Apprenticeship, Journeymen Retraining, Education and Industry Funds, American Realty Advisors, and Cushman & Wakefield U.S., Inc. and their respective subsidiaries and affiliates are hereby named as additional insured.						
CERTIFICATE HOLDER				CANCELLATION		
Cushman & Wakefield U.S., Inc. As Agent for The City University of New York 395 Hudson Street New York, NY 10014 Attn: James C. Barnett III Facility Management, 6 th Floor				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
				AUTHORIZED SIGNATURE _____		

CUSHMAN & WAKEFIELD

INSURANCE REQUIREMENTS

All Vendors and or Contractors performing work at 395 Hudson Street will be required to submit an original copy of their Certificate of Insurance to the Facility Management Office at 395 Hudson St., 6th Floor, New York, NY 10014 in the format as noted below:

Minimum Liability Coverage:

\$1,000,000 per occurrence (Comprehensive General Liability)

\$5,000,000 per occurrence (Excess/Umbrella Liability)

\$1,000,000 combined single limit Insurance (Comprehensive Automobile Liability)

\$1,000,000 Employer's Liability Insurance

\$1,000,000 Automobile Liability

\$50,000 Fidelity Bond/Employee Dishonesty

Workers Compensation-as per NYS statutory Limits

(See attached sample certificate of insurance for more details)

Additional Insured:

The City University of New York, 395 Hudson Condominium, 395 Hudson New York LLC, New York City District Council of Carpenters Apprenticeship, Journeymen Retraining, Education and Industry Funds, American Realty Advisors and Cushman & Wakefield, U.S., Inc. and their respective subsidiaries and affiliates are hereby named as additional insured.

Certificate Holder:

Cushman & Wakefield, U.S., Inc. As Agent for The City University of New York, 395 Hudson Street, New York, NY 10014.

Attn: James C. Barnett III, Facility Management, 6Th Floor

Hold harmless statement is to be placed on the back of the Certificate or as a separate attachment.

CUSHMAN & WAKEFIELD

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Contractor, hereby agrees to indemnify and save harmless the Owner of the premises, The City University Of New York, American Realty Advisors, and Cushman & Wakefield, Inc. and any of its subsidiary companies from and against all liability claims and demands as a result of injury to persons including death resulting therefrom and damage to property arising out of the performance of the work by the Contractor, employees and agents of the Contractor and Contractor's property, except for liabilities resulting from the sole negligence of the Owner, 395 Hudson New York LLC, 395 Hudson Condominium, 395 Hudson Pension Fund & 395 Hudson Apprenticeship Fund, American Realty Advisors, Cushman & Wakefield, Inc., or any of its subsidiaries. The Contractor shall, at his or its own expense, defend any and all actions at law brought against the Owner, American Realty Advisors and/or the Agent based thereon and shall pay all attorney fees, and all other expenses, and promptly discharge any judgments arising therefrom. These conditions shall also apply to any subcontracted operations.

Company Name (Please Print)

Your Name (Please Print)

Title (Please Print)

Signature

Date