



# 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 have **ADDITIONAL INSURED** provisions or 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><br>Insurance Agent's Name<br>Address<br>City, State, Zip Code<br>Telephone No. Including Area Code | <b>CONTACT NAME:</b>                    | <b>FAX (A/C, No):</b>  |               |
|  | <b>PHONE (A/C, No, Ext):</b>            | <b>E-MAIL ADDRESS:</b> |               |
| <b>INSURED</b><br>Your Company Name<br>Address<br>City, State, Zip Code<br>Telephone No. Including Area Code       | <b>INSURER(S) AFFORDING COVERAGE</b>    |                        | <b>NAIC #</b> |
|  | <b>INSURER A:</b> ABC Insurance Company |                        |               |
|  | <b>INSURER B:</b> DEF Insurance Company |                        |               |
|  | <b>INSURER C:</b> GHI Insurance Company |                        |               |
|  | <b>INSURER D:</b>                       |                        |               |
|  | <b>INSURER E:</b>                       |                        |               |
| <b>INSURER F:</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 INSD                           | SUBR WVD                            | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|-------------------------------------|--|-------------------------------------|-------------------------------------|---------------|-------------------------|-------------------------|--|
| <input checked="" type="checkbox"/> | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Policy Number | MO/DAY/YR               | MO/DAY/YR               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$ 1,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>\$ |
| <input type="checkbox"/>            | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Policy Number | MO/DAY/YR               | MO/DAY/YR               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| <input type="checkbox"/>            | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><br>DED \$ RETENTION \$  |                                     |                                     | Policy Number | MO/DAY/YR               | MO/DAY/YR               | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$<br>\$   |
| <input type="checkbox"/>            | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Policy Number | MO/DAY/YR               | MO/DAY/YR               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                    |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The following are included as additional insured on a primary and non-contributory basis where required by contract: Silverstein Properties, Inc.; The Port Authority of New York and New Jersey; Silverstein 2/3/4 WTC Redevelopment LLC; WTC Redevelopment LLC, World Trade Center Properties LLC; 3 World Trade Center LLC; Net Lessees' Association of the World Trade Center; WTC Management and Development LLC; Silverstein WTC Mgmt. Co. LLC; Silverstein WTC Mgmt. Co. II LLC; Silverstein WTC Properties LLC; Silverstein WTC LLC; Silverstein WTC Management and Development LLC; 3 WTC Holdings LLC; WTC Investors LLC; WTC Investors Management and Development LLC; World Trade Center Holdco LLC; 3 WTC Mezz LLC; 3 WTC Mezz 2 LLC.  
All Contractors Enrolled in the 3 World Trade Center LLC Owner Controlled Insurance Program  
Waiver of Subrogation applies to General Liability and Workers Compensation policies.

**CERTIFICATE HOLDER****CANCELLATION**

3 World Trade Center, LLC.  
C/O Silverstein Properties Inc.  
175 Greenwich Street  
New York, NY 10007

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