| ACORD [®] CER | | | | FIFICATE OF LIABILITY INSURANCI | | | | | | | DATE (MM/DD/YYYY) | | |
|---|---|---|---|--|---------------------|---|---|--|-----------------------------|--|-------------------|-------------------------|--|
| | CERT BELO REPR | IFICATE DOES I W. THIS CERT ESENTATIVE OR | NOT AFFIRMAT IFICATE OF INS R PRODUCER, A | IVEL SURA ND T | Y OF NCE HE C | OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER. | EXTE | ND OR ALT | ER THE CO BETWEEN T | VERAGE AFFORDED E HE ISSUING INSURER | BY THE (S), AU | E POLICIES JTHORIZED | |
| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS We the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not constitue to be determined on the policy of events and conditions of the policy. | | | | | | | | | | | | | |
| certificate holder in lieu of such endorsement(s). | | | | | | | | | | | | | |
| PRODUCER | | | | | | | NAME: PHONE FAX | | | | | | |
| All liability carriers must be | | | | | | | (A/C, No, Ext): (A/C, No): | | | | | | |
| AM Best rated A-VIII or better | | | | | | better | ADDRESS: INSURER(S) AFFORDING COVERAGE NAM | | | | | NAIC # | |
| | | | | | | | INSURER A : | | | | | | |
| INSURED | | | | | | | INSURER B : | | | | | | |
| | | | | | | | INSURER C : | | | | | | |
| | | | | | | | INSURER D : | | | | | | |
| | | | | | | | INSURER E : | | | | | | |
| | | | | | | INSURER F : | | | | | | | |
| | | | | | - | E NUMBER: | REVISION NUMBER: | | | | | | |
| | INDICA CERTI EXCLU | ated. Notwiths [.] Ficate may be is | TANDING ANY RE SSUED OR MAY PE | quir Erta Poli | EMEN IN, TH | ANCE LISTED BELOW HAVE NT, TERM OR CONDITION O HE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE | F ANY (BY THE | CONTRACT O | R OTHER DOC ESCRIBED HEI | CUMENT WITH RESPECT T REIN IS SUBJECT TO ALL | O WHIC | CH THIS | |
| ╞ | | TYPE OF INSU | JRANCE | INSR | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | rs | 1 000 000 | |
| | | IERAL LIABILITY | | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | 1,000,000 | |
| | X | COMMERCIAL GENE | | | | | | | | PREMISES (Ea occurrence) | \$ | 50,000 | |
| | × | CLAIMS-MADE | | V | V | | | | | MED EXP (Any one person) | \$ | 5,000 | |
| | X | Contractual Liab | liity | X | X | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | | | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | GEN | | | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| ┟ | | POLICY X PRO- | LOC | | | | | | | COMBINED SINGLE LIMIT | \$ | 1 000 000 | |
| | | OMOBILE LIABILITY | | | | | | | | (Ea accident) | \$ \$ | 1,000,000 | |
| | X | ALL OWNED SCHEDULED | | x | x x | | SAMP | PI F∙ | | BODILY INJURY (Per person) BODILY INJURY (Per accident) | \$ \$ | | |
| | × | AUTOS | AUTOS | ^ | ^ | | | | N I | PROPERTY DAMAGE | \$ | | |
| | \square | HIRED AUTOS | AUTOS | | | NUC | 0115 | FRUCTIO | N | (Per accident) | \$ | | |
| ł | | UMBRELLA LIAB | X OCCUR | | | (Higher limits may be requ | uired ba | sed on duties | | | | 4,000,000 | |
| | | EXCESS LIAB | CLAIMS-MADE | x | x | performed; Elevator Mainte | | | | EACH OCCURRENCE | \$ | 4,000,000 | |
| | | | 10,000 | | | high risk subs limit of \$5 | 5MM; les | s risk subs I | Limit of \$2MM) | AGGREGATE | \$ | 1,000,000 | |
| ł | WOR | DED A RETENT | <u>N</u> | | | | | | | X WC STATU- TORY LIMITS ER | \$ | | |
| | | EMPLOYERS' LIABILI PROPRIETOR/PARTNE | | | | | | | | TORY LIMITS ER E.L. EACH ACCIDENT | \$ | 100,000 | |
| | OFFICER/MEMBER EXCLUDED? | | | N/A | X | (Separate Certificate req | uired if | NYSIF provi | de insurance) | E.L. DISEASE - EA EMPLOYEE | | 100,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | E.L. DISEASE - POLICY LIMIT | | 500,000 | |
| ł | | CITETION OF OFEINE | | | | | | | | | Ψ | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| ł | DESCRIPT | ION OF OPERATIONS | / LOCATIONS / VEHIC | LES (| Attach | ACORD 101, Additional Remarks | Schedule | . if more space i | s required) | | | | |
| | | d as additional insi | | (| | | | , | , | | | | |
| | | | | | | ner LLC; SL Green Operat | | | | | | C; | |
| SL Green Management LLC; SL Green Management Corp.; 1515 Broadway Owner LP; 1515 Broadway Realty LP; 1515 Broadway 1515 Broadway MZ GP LLC; 1515 Broadway Member LLC; 1515 Broadway Mezzanine Owner LLC; 1515 SLG Private REIT LLC; 1 | | | | | | | | | | | | | |
| 1515 Bloadway M2 GP EEC, 1515 Bloadway Member EEC, 1515 Bloadway Mezzanne Owner EEC, 1515 SEG Physics REIT EEC, 1515 SEG Physics | | | | | | | | | | | | | |
| AZ VERS US PRIVATE REIT LP; ALLIANZ US PRIVATE REIT LP; APK US INVESTMENT LP as per written contract. | | | | | | | | | | | | | |
| | At locati | ion: 1515 Broadwa | ау | | | | | | | | | | |
| L | CERTIF | ICATE HOLDER | 2 | | | | CANCELLATION | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | |
| SL Green Realty Corp. | | | | | | | | | | EREOF, NOTICE WILL | BE DE | LIVERED IN | |
| 1515 Broadway | | | | | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| New York, NY 10036 | | | | | | | AUTHORIZED REPRESENTATIVE | | | | | | |
| | | | | | | | | | | | | | |
| - 1 | | | | | | | 1 | | | | | | |