

Vendor Certificate of Insurance – Check List

Confirm occurrence box is selected

Contractual Liability must be selected for construction vendors

GL must apply per project or location

Auto Liability must be provided for use of loading dock

Retention not to exceed \$10,000; SIR not acceptable

Confirm occurrence box is selected

Additional insured must match sample certificate and include "as per written contract" language

Certificate holder must match sample certificate

ACORD® **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 All liability carriers must be AM Best rated A-VIII or better	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	ADDITIONAL SUBROGATION	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
<input checked="" type="checkbox"/>	Contractual Liability						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPROP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOCATION <input type="checkbox"/>						
	AUTOMOBILE LIABILITY						
<input checked="" type="checkbox"/>	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/>						BODILY INJURY (Per person) \$
<input checked="" type="checkbox"/>	HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/>						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA / EXCESS LIAB						
	RETENTION \$ 10,000						EACH OCCURRENCE \$ 25,000,000
							AGGREGATE \$ 25,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NY)						EACH OCCURRENCE \$ 25,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						AGGREGATE \$
	Professional Liability						WC STATUTORY LIMITS (OTHER THAN NYSIF) \$
	Railroad Protective Liability						E.L. EACH ACCIDENT \$ 100,000
							E.L. DISEASE - EXEMPLORES \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
							Combined Limit \$ 3,000,000
							Occurrence \$ 2,000,000
							Aggregate \$ 6,000,000

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

Included as additional insureds:
 1515 Broadway Fee Owner LLC; SL Green Operating Partnership LP; SL Green Realty Corp.; SL Green Leasing LLC; SL Green Management LLC;
 SL Green Management Corp. as per written contract.

At location: 1515 Broadway

CERTIFICATE HOLDER	CANCELLATION
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SL Green Realty Corp.
 1515 Broadway
 New York, NY 10036

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

Confirm policy term has not expired

Additional Insureds and Subrogation Waiver must apply to all policies

Each occurrence + umbrella = combined limit

Confirm "WC Statutory" box selected

Separate certificate required if WC provided by New York State Insurance Fund (NYSIF)

Vendor Categories	Combined Limit
Construction/Demolition	\$25MM+
Elevator Vendor	\$15MM+
General Contractor	\$10MM+
Vendor	\$5MM+
Low Risk Vendor/Film Crew	\$2MM+