A		TIF	FIC	ATE OF LIA	BIL	ITY IN	SURA	NCE	DATE	(MM/DD/YYYY)	
C B R	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).											
All liability carriers must be						NAME: PHONE FAX (A/C, No, Ext): (A/C, No):					
					E-MAIL ADDRESS:						
AM Best rating A-, VIII or better					INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #	
					INSURER A : AM Best rating A-, VIII or better						
INSURED					INSURER B : AM Best rating A-, VIII or better						
					INSURE	R C: AM Best ra	iting A-, VIII or be	ter			
					INSURER D : AM Best rating A-, VIII or better						
					INSURER E : AM Best rating A-, VIII or better						
						INSURER F: AM Best rating A-, VIII or better					
				E 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			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
	GENERAL LIABILITY							EACH OCCURRENCE	\$		
	COMMERCIAL GENERAL LIABILITY			C /		ы г.		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR			SA SA	חואו	PLE:		MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
				CONST	IKI	JUIU	JN	GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGO			
	POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$		
								(Ea accident) BODILY INJURY (Per person)	\$ \$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per acciden			
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB OCCUR			Exterior wor		MM limit,		EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE			CM/GC and high risk	contr	actors \$10	MM limit,	AGGREGATE	\$		
DED RETENTION \$				low risk su	ıbs \$5	MM limit			\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH TORY LIMITS EF			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		Separate Cert	ifica	te require	d	E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under			if NYSIF pro	ovides	insurance		E.L. DISEASE - EA EMPLOYE	E\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	Г \$		
				For insured Archite Required within 50 :		-			\$	6.000.000	
		1 59 /	Attach	ACOPD 101 Additional Romarks	Schodulo	if more space is	roquirod)	Aggregate	φ	0,000,000	
Additional named insureds as respects to: 1350 LLC; Reckson Operating Partnership, L.P.; Wyoming Acquisition GP LLC; SL GREEN REALTY CORP.; SL GREEN OPERATING PARTNERSHIP L.P.; SL GREEN MANAGEMENT LLC; SL GREEN MANAGEMENT CORP.; SL GREEN LEASING LLC											
CERTIFICATE HOLDER CANCELLATION											
SL Green Realty Corp. 1350 LLC						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
c/o SL Green Management, LLC One Vanderbilt Avenue New York, NY 10017					AUTHORIZED REPRESENTATIVE						

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