

## 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		CONTACT NAME:			
	All liability carriers must be	PHONE (A/C, No, Ext):		FAX (A/C, No):	
	AM Best rated A-VIII or better	E-MAIL ADDRESS:			
	AM Best rated A-VIII or better		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:			
INSURED		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E :			
		INSURER F:			

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			SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY				<b>,</b>	<b>,</b> ,	EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
	CLAIMS-MADE X OCCUR X Contractual Liability		х				MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY X PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			0.114			BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS	Х	Х	SAMF	PLE:		BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS			NO CONST	RUCTIO	N	PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB X OCCUR			(Higher limits may be required ba	sed on duties		EACH OCCURRENCE	\$	4,000,000
	EXCESS LIAB CLAIMS-MADE	Х	X	performed; Elevator Maintenance l	imit of \$15MM	i;	AGGREGATE	\$	4,000,000
	DED X RETENTION \$ 10,000			high risk subs limit of \$5MM; les	s risk subs l	imit of \$2MM)		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- TORY LIMITS OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		x	(Separate Certificate required if	NYSIF provid	le insurance)	E.L. EACH ACCIDENT	\$	100,000
	(Mandatory in NH)  If yes, describe under		^				E.L. DISEASE - EA EMPLOYEE	\$	100,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000

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

Included as additional insureds:

1515 Broadway Owner LLC, 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					
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.					
New Fork, NY 10030	AUTHORIZED REPRESENTATIVE					