# **CERTIFICATE OF LIABILITY INSURANCE EXAMPLE**

| A                                   |  |                   |        | BILITY INSURANCE  |  |            |                            | DATE (MWDD/YYYY)  |         |                                 |
|-------------------------------------|--|-------------------|--------|---|--|------------|----------------------------|---|---------|---------------------------------|
| B                                   | IS CERTIFICATE IS ISSUED AS A<br>ERTIFICATE DOES NOT AFFIRMATI<br>ELOW. THIS CERTIFICATE OF INS<br>EPRESENTATIVE OR PRODUCER, AN | VEL<br>UR/        | Y OR   | DOES NOT CONSTITU   | , EXTEND O   | R ALT      | ER THE CO                  | VERAGE AFFORDED   | BY T    | HE POLICIES                     |
| te                                  | PORTANT: If the certificate holder is<br>rms and conditions of the policy, ce<br>ertificate holder in lieu of such endors        | rtai              | n poli | cles may require an en  |  |            |                            |   |         |                                 |
| ROI                                 | OUCER  |                   |        |   | CONTACT<br>NAME:   |            | 1                          | LANG  |         |                                 |
|                                     | Must be Completed with<br>Name and Address   |                   |        |   | PHONE<br>(A/G, No, Exi):<br>E-MAIL<br>ADDRESS:<br>PRODUCER | -          | -                          | (A/C, No)   | -       | _                               |
|                                     |  |                   |        |   | CUSTOMER ID  |            | URER(S) AFFOR              | DING COVERAGE   | 1.7     | NAIC #                          |
| NSURED Must be Completed with       |  |                   |        | INSURER A : Insurance Company Name*   |  |            |                            |   | Total a |                                 |
| Named Insured's Name and<br>Address |  |                   |        |   | INSURER B: Company should have AM Best                     |            |                            |   | 2       |                                 |
|                                     | The name have is the name  | e (I 1            | at     |   | INSURER C :  | - rati     | ng of no less              | s than A-,VIII  | -       |                                 |
|                                     | should be on the Hold han  | nler              | 15     |   | INSURER E :  | -          |                            |   | -       |                                 |
|                                     | and on the endorsements  | _                 |        |   | INSURER F  | -          |                            |   |         |                                 |
|                                     | VERAGES CER  |                   |        | NUMBER:   | AVE DEEN 100   |            |                            | REVISION NUMBER:  | T110 0  |                                 |
| IN                                  | DICATED. NOTWITHSTANDING ANY RE<br>ERTIFICATE MAY BE ISSUED OR MAY<br>(CLUSIONS AND CONDITIONS OF SUCH)                          | QUI               | REMEN  | NT, TERM OR CONDITION<br>THE INSURANCE AFFOR  | DED BY THE   | POLICIE    | OR OTHER                   | DOCUMENT WITH RESP<br>D HEREIN IS SUBJECT                 | ECT T   | O WHICH THIS                    |
| ISR                                 | TYPE OF INSURANCE  | ADDI              | SUBR   | POLICY NUMBER   |  |            | POLICY EXP<br>(MM/DD/YYYY) | LIMI  | TS      |                                 |
|                                     | GENERAL LIABILITY  |                   |        |   |  |            | and the second             | EACH OCCURRENCE   | 5       | 1,000,000 Min.                  |
|                                     | X COMMERCIAL GENERAL LIABILITY   | X                 |        |   |  | 2.1        |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)              | 5       | 1,000,000 Min.                  |
| -                                   | CLAIMS-MADE X OCCUR  | 1                 | -      | Policy #  | Da   | te         | Date                       | MED EXP (Any one person)                                  | \$      |                                 |
| A                                   | × Standard Contractual Liability   |                   | If th  | ney will not mark an "X   | " next to per  |            |                            | PERSONAL & ADV INJURY<br>GENERAL AGGREGATE                | \$      | 1,000,000 Min<br>1,000,000 Min  |
| 1                                   | GEN'L AGGREGATE LIMIT APPLIES PER  |                   | pre    | ject, and have an "X" i   | next to perpo  | olicy      |                            | PRODUCTS - COMP/OP AGG                                    | \$      | 1,000,000 Min                   |
|                                     | POLICY X PRO- LOC  | P                 |        | st \$10m)   | excess limits  | 1001       |                            |   | \$      | 1,000,000 111                   |
|                                     |  | 1                 |        | ac w ronny  |  |            |                            | COMBINED SINGLE LIMIT<br>(Ea accident)                    | \$      | 1,000,000                       |
|                                     | X ANY AUTO<br>X ALL OWNED AUTOS  | x                 |        | Policy #  | Dat  | 0          | Date                       | BODILY INJURY (Per person)                                | \$      |                                 |
| 4                                   | SCHEDULED AUTOS  | 1                 |        |   | - Dai  |            | Date                       | BODILY INJURY (Per accident)                              | \$      |                                 |
|                                     | X HIDED ALITOP   |                   |        | to have these 2   |  |            |                            | PROPERTY DAMAGE<br>(Per accident)                         | \$      | -                               |
|                                     |  | xes selected only |        |   |  |            | 1.                         |   | \$      |                                 |
| -                                   | X UMBRELLA LIAB X OCCUP  | -                 | -      |   |  | -          | -                          |   | \$      | Vara al.                        |
| -                                   | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE   | _                 |        | Policy #  | Dat  | e          | Date                       | EACH OCCURRENCE   | \$      | 4,000,000                       |
| 3                                   | DEDUCTIBLE   | X                 |        |   |  |            |                            | AGOREGATE   | 8       | 4,000,000                       |
|                                     | RETENTION \$   | 11                |        |   |  | _          |                            |   | \$      |                                 |
|                                     | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y/N   |                   |        | Policy #  | Dat  | -          | Date                       | X WC STATU-<br>TORY LIMITS ER                             | 1       |                                 |
| C                                   | ANY PROPRIETOR/PARTNER/EXECUTIVE   | N/A               | Г      | i dinaj ir  | Dat  | 9          | Date                       | E.L. EACH ACCIDENT  | s       | 1,000,000                       |
|                                     | (Mandatory In NH)<br>If yes, describe under  |                   |        |   |  |            | 1                          | E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | s       | 1,000,000                       |
| 1                                   | SPECIAL PROVISIONS below   | -                 |        | 1 Ann 1 A |  |            |                            | S.S. ORDERGE - POLICE LIMIT                               |         | 1.000.000                       |
| 2                                   |  |                   | 1      | 7   |  |            |                            |   |         |                                 |
|                                     | RIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>BUILDING ADDRESS Waiver of   |                   |        | ACORD 101, Additional Remarks   | Schedule, if more  | e space is | required)                  |   |         |                                 |
| he                                  | following are named as additional insure   | eds u             | nder a | all liability policies and en   |  | G2010      | and CG2037                 | or equivalents attached:                                  |         |                                 |
| US                                  | T LIST ALL ADDITIONAL INSURED AS   | S PE              | RHO    | LD HARMLESS/AGREEN  | MENT   |            |                            |   |         |                                 |
| EF                                  | RTIFICATE HOLDER   | _                 |        |   | CANCELLA   | ATION      |                            |   |         |                                 |
|                                     | MUST LIST CERTIFICATE H<br>AS PER HOLD HARMLESS/   |                   |        | INT   | SHOULD AN<br>EXPIRATION<br>POLICY PRO                      | DATE T     | HEREOF, NOTH               | escribed policies be ca<br>ce will be delivered in a      | NCELL   | ED BEFORE THE<br>DANCE WITH THE |
|                                     |  |                   |        |   | AUTHORIZED R   | eppeer     | NTATIVE                    |   | -       |                                 |
|                                     |  |                   |        |   | AUTHORIZED R   | -Prese     |                            | <   |         | SIGN HER                        |

## **HOLD HARMLESS AND INSURANCE REQUIREMENTS**

#### DATE 12.10.14

HELENA 57 WEST (601 West 57th Street)

#### **CERTIFICATE HOLDER**

ROYAL REALTY CORP.

Attn: Kent Gorham One Bryant Park, 49th Floor New York, NY 10036

#### **ADDITIONAL INSUREDS**

The Helena Associates LLC DOI Holdinas LLC Gary & Denise Rosenberg 2010 Family Trust **DOI Helena LLC** Durst Development L.L.C. The Durst Manager LLC SRDA Manager, LLC Durst Pyramid LLC Royal Realty Corp. The Durst Organization Inc. EE 57th Street North Holdings. LLC GE 57th Street North Holdings LLC Appleby North Holdings, LLC Fadling, LLC Swallow, LLC Four Plus Corporation Rainsford D. Lvnch Trust Sara Treadwell Dudney Trust JP Morgan Chase Bank, N.A. Cassidy Turley Midwest, Inc. Stuyvesant Capital Corporation ABS Partners Real Estate, LLC NYS Housing Finance Agency Fannie Mae, its successors and/or assigns Hunter Roberts Construction Group, LLC

To the fullest extent permitted by law, \_\_\_\_\_\_\_\_\_("Indemnitor") shall indemnify, defend and hold harmless the above listed entities and all affiliated and subsidiary corporations, limited partnerships, limited liability companies, and other entities thereof as may now or may hereafter exist, including nominees or trusts, and the shareholders, members, managers, partners, directors, officers, employees, agents, and assignees of any such corporation, limited partnership, limited liability company, person or entity (collectively, "Helena, et al."), from and against any and all loss or damage, claim, demand, liability, fine, penalty, lien, suit or action (collectively, a "Claim") by reason of bodily injury, death or damage to property, including, without limitation, claims for reasonable attorneys' fees, professional fees, court costs, expenses and disbursements, directly or indirectly arising out of (i) any purchase or work order; (ii) any work of Indemnitor or of any of its sub-contractors, or any of Indemnitor Party's negligence, willful misconduct, breach of contract or infringement of any patent right (except to the extent specified in any contract for Indemnitor's work) or (v) any Indemnitor Party's failure to comply with any applicable law, rule, regulation or permit, and Indemnitor shall, at its own cost and expense, defend any Claim which may be asserted or

# HOLD HARMLESS AND INSURANCE REQUIREMENTS DATE 12.10.14

HELENA 57 WEST (601 West 57th Street)

commenced against Helena, et al., by reason thereof and shall pay and satisfy (a) all judgments which may be rendered in any such Claim and (b) all related costs and expenses, including reasonable attorneys' fees, professional fees, court costs, expenses and disbursements, and shall keep the property of Helena, et al., free and unencumbered of any charge or lien of any kind. Should insurance not be provided as per the requirements outlined below, Indemnitor shall indemnify, defend, and hold harmless Helena, et al. at its sole expense. Indemnitor shall advise the Certificate Holder promptly, in writing, of the service upon any Indemnitor Party of any summonses, notices, letters or other communications alleging any claim or liability against Helena, et al. or with respect to the building or its surrounding area upon which Indemnitor is working.

Indemnitor agrees that the terms of this document shall apply to (a) Helena, et al., and (b) any tenant, occupant or licensee in the building for whom work, goods or services are performed, provided, rendered or undertaken by or on behalf of any Indemnitor Party. In the event of any conflict between the terms of this Hold Harmless form and any Agreement the Indemnitor may have with any Indemnified Parties or any tenant, occupant or licensee, the terms of this Hold Harmless shall govern and control. An emailed PDF of this Agreement shall be deemed an original instrument.

Indemnitor shall secure and keep in full force and effect, and cause its sub-contractors to secure and keep in full force and effect, throughout the term of this Agreement:

- a. Commercial General Liability Insurance, including Contractual Liability (to specifically include coverage for the indemnification clause of this Agreement), Products & Completed Operations, Personal and Advertising Injury Liability, Liquor Law Liability (should liquor be provided or served by the Indemnitor), written on an occurrence form, with combined bodily injury and property damage limits of liability of not less than \$5,000,000 per occurrence, per project and general aggregate (subject to reasonable adjustment from time to time upon request from Helena, et al. based on scope and nature of the work involved; if per policy must be provided in a combination of a Commercial General Liability and a follow form Umbrella Liability policy. The policy should be written on form CG00 01 07 98 or its equivalent and shall not include any exclusions or limitations other than those incorporated in the standard ISO form. Such insurance is to be primary and non-contributory insurance, notwithstanding any insurance maintained by Helena, et al.;
- b. Workers' Compensation Insurance providing statutory benefits for Indemnitor's and each sub-contractor's employees, and Employer's Liability coverage in an amount that is not less than \$1,000,000; and
- c. Automobile Liability Insurance, including owned, non-owned and hired-car liability insurance for combined limits of liability of \$5,000,000 per occurrence. The limits of liability can be provided in a combination of an Automobile Liability policy and a follow form Umbrella Liability policy.

Indemnitor agrees to have included in each of the above policies, and shall cause its sub-contractors to have included in each of the above policies, except Workers' Compensation, a Waiver of Subrogation in favor of Helena, et al.

Indemnitor and its sub-contractors are required to maintain completed operations for three years after the work is completed.

### HOLD HARMLESS AND INSURANCE REQUIREMENTS DATE 12.10.14

HELENA 57 WEST (601 West 57<sup>th</sup> Street)

All required insurance policies shall (a) be maintained with insurance companies licensed within the State where the work is being performed and holding an A.M. Best rating of no less than A-, VIII, and (b) contain a provision that coverage will not be canceled, nonrenewed or materially changed until at least thirty (30) days' prior written notice has been provided to the Certificate Holder indicated above

Certificates in customary forms, i.e., Acord 25 (2009/09) (for items (a), (b) and (c) above) accompanied by Additional Insured endorsements CG2010(0704) and CG2037(0704) or their equivalent, evidencing all terms of this Agreement shall be delivered to the Certificate Holder indicated above simultaneously with the execution and delivery of this Agreement. All Additional Insureds indicated above shall be covered under Commercial General Liability, Automobile, and Umbrella Liability policies. Similar certificates evidencing the renewal or replacement of such insurance shall be delivered at least ten (10) days prior to the effective date of such renewal or replacement.

Accepted and agreed to by:

(Indemnitor)

(Date)

(Signature)

(Title)