## FIRST STAMFORD PLACE INSURANCE REQUIREMENTS

### **CERTIFICATE HOLDERS**

 ESRT First Stamford Place SPE, L.L.C. Empire State Realty Trust 300 First Stamford Place, Suite 220 Stamford, CT 06902

### REQUIREMENTS AND LIMITS

Commercial General Liability \$1,000,000 / 2,000,000

**Including Contractual** 

Personal Injury \$2,000,000

**Including Contractual** 

Products/Completed Operations \$1,000,000 / 2,000,000

(Three Year Discovery)

Medical Payments \$ 10,000

Umbrella Liability \$ 10,000,000 / 10,000,000

Subject to adjustment

<u>Trade Classification</u>	<b>Combined Single Limit</b>				
Access Flooring	3,000,000				
Acoustical Ceiling	3,000,000				
Architectural Woodworking	3,000,000				
Carpentry, Drywall & Insulation	5,000,000				
Carpeting	1,000,000				
Caulking & Sealing	5,000,000				
Ceramic Tile	3,000,000				
Concrete Work (Non-Structural)	5,000,000				
Concrete Work (Structural)	10,000,000				
Convector Enclosures	3,000,000				
Curtain Wall	10,000,000				
Demolition (Interior Non-Structural)	5,000,000				
Demolition (Structural)	10,000,000				
Electrical	5,000,000				
Electrical Entrances	5,000,000				
Elevators	10,000,000				
Excavation & Foundations	10,000,000				
Florists	1,000,000				
Food Deliveries	1,000,000				
Furniture Deliveries	1,000,000				
Glass & Glazing	5,000,000				
Granite Façade	5,000,000				
Hoists	10,000,000				
HVAC	5,000,000				

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Landaganing	5,000,000
Landscaping Lath & Plaster	3,000,000
Lobby Finishes	3,000,000
Lockers	1,000,000
Louvers	3,000,000
	5,000,000
Masonry Mirrors	
Miscellaneous Iron Work	3,000,000 5,000,000
Ornamental Metals	
	5,000,000
Painting & Finishing	3,000,000
Photography/Video	3,000,000
Piling	10,000,000
Plumbing  Refuge Chute (Construction)	5,000,000
Refuse Chute (Construction)	5,000,000
Resilient Flooring	1,000,000
Roll-Up Doors	3,000,000
Roofing, Waterproofing & Sheet Metal	5,000,000
Rubbish Removal (Construction)	3,000,000
Scaffolds (Exterior)	10,000,000
Security Guard Service	5,000,000
Shower Doors	3,000,000
Sidewalk Bridges	10,000,000
Signs & Graphics (Exterior)	5,000,000
Signs & Graphics (Interior)	3,000,000
Skylights	10,000,000
Sprayed Fireproofing	5,000,000
Sprinkler System	5,000,000
Stonework (Interior)	5,000,000
Structural Steel	10,000,000
Stucco (Exterior)	5,000,000
Surveying	1,000,000
Test Boring	3,000,000
Testing & inspection	1,000,000
Trash Chute (Compactor)	3,000,000
Waterproofing & Damprooling	5,000,000
Window Washing Equipment	10,000,000
Windows	5,000,000
Wood Flooring	3,000,000

## FIRST STAMFORD PLACE INSURANCE REQUIREMENTS

### FIRST STAMFORD PLACE ADDITIONAL INSUREDS

ESRT First Stamford Place SPE, L.L.C Harbor Group Management Co., LLC

HG Receiver, LLC as court appointed receiver for ESRT First Stamford Place SPE, LLC

Must provide evidence of Workers Compensation. General Aggregate must be applied per Project or Location



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 99/99/9999

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 notice/fies) must have ADDITIONAL INSURED provisions or be endorsed

	SUBROGATION IS WAIVED, subject to the terms and conditions of the certificate does not confer rights to the certificate holder in lieu of	the policy, ce	rtain policies		•	ement o	on .		
PRO	DUCER	CONTA NAME:	ст						
		PHONE	PHONE FAX						
	SAMPLE COI	I E-MAIL	(A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS:						
	OAIIII EE OOI	ADDRE		SURFR(S) AFFOR	DING COVERAGE		NAIC #		
		INSURI	INSURER(S) AFFORDING COVERAGE				IVAIO #		
INSU	RED		INSURER A: ABC Insurance Company INSURER B: DEF Insurance Company						
	CAMPLE COL		INSURER C : XYZ Insurance Company						
	SAMPLE COI								
			INSURER D :						
			INSURER E : INSURER F :						
	VERAGES CERTIFICATE NUMBER:	INSURI	K F :		REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE	BEEN ISSUEI	O TO THE INSUR			IOD			
IN	DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION O	F ANY CONTR	ACT OR OTHER	DOCUMENT V	WITH RESPECT TO WHICH T	HIS			
	ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED I KCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE				UBJECT TO ALL THE TERMS	,			
INSR	ADDLISUBR		POLICY EFF	POLICY EXP	LIMIT				
LTR	TYPE OF INSURANCE INSD WVD POLICY NUMBER CIAL GENERAL LIABILITY	BEK	(MM/DD/YYYY)	(MM/DD/YYYY)					
					EACH OCCURRENCE DAMAGE TO RENTED	\$			
	CLAIMS-MADE X OCCUR				PREMISES (Ea occurrence)	\$			
A					MED EXP (Any one person)	\$			
^					PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$			
	POLICY DECT LOC				PRODUCTS - COMP/OP AGG	\$			
	OTHER: AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EaCH accident)	\$			
	ANY AUTO				(EaCH accident) BODILY INJURY (Per person)	\$			
В	OWNED SCHEDULED				BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS				PROPERTY DAMAGE	\$			
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				(Per accident)	\$			
	▼ UMBRELLA LIAB ▼ OCCUP					-			
A	FYCECCHAR				EACH OCCURRENCE	\$			
^					AGGREGATE	\$			
	DED   RETENTION \$   WORKERS COMPENSATION				PER STATUTE X OTH-	\$			
	AND EMPLOYERS' LIABILITY Y/N								
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)  If yes, describe under				E.L. DISEASE - EA EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$			
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks So	cnedule, may be	attached if more s	pace is required)					
l <sub>ESF</sub>	RT First Stamford Place SPE, L.L.C.								
Har	oor Group Management Co., LLC								
HG Receiver, LLC as court appointed receiver for ESRT First Stamford Place SPE, LLC									
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CEI	RTIFICATE HOLDER	CANO	CELLATION						
ESRT First Stamford Place SPE, L.L.C.		THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	300 First Stamford Place, Suite 220 Stamford, CT 06902 AUTHORIZED REPRESENTATIVE								