### FIRST STAMFORD PLACE INSURANCE REQUIREMENTS

### **CERTIFICATE HOLDERS**

100-300 FIRST STAMFORD PLACE HOLDINGS, LLC. Harbor Group Management Co., LLC 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

# FIRST STAMFORD PLACE INSURANCE REQUIREMENTS

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

100-300 FIRST STAMFORD PLACE HOLDINGS, LLC.

Harbor Group Management Co., 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 policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to the is certificate does not confer rights to the					may require	an endorsement. A state	ment o	n	
PRODUCER				CONTACT						
				NAME: PHONE FAX						
	0.4451.5.00			(A/C, No, Ext): (A/C, No):						
	SAMPLE CO	וכ		ADDRES		LIDED(S) AFFOR	DING COVERAGE		NAIC #	
				INSURER(S) AFFORDING COVERAGE  INSURER A: ABC Insurance Company					IVAIO#	
INSU	RED			INSURER B : DEF Insurance Company						
	SAMPLE C	ΩI		INSURER C : XYZ Insurance Company						
	SAMPLE			INSURER D:						
				INSURER E :						
				INSURER F:						
CO	/ERAGES CERTIFI	CATE	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,										
INSR	CLUSIONS AND CONDITIONS OF SUCH POLICI IADI	ES. LIN	RI	REDUC	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE INS	D WVD				(MM/DD/YYYY)	LIMIT	<u>s</u>		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
Α							PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$		
	OTHER:						OOMBINED OINOLE LIMIT	\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (EaCH accident)	\$		
_	ANY AUTO						BODILY INJURY (Per person)	\$		
В	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	➤ UMBRELLA LIAB						EACH OCCURRENCE	\$		
Α	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<b>X</b> PER STATUTE <b>X</b> OTH- ER			
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
D										
_										
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	ACORD	101, Additional Remarks Schedule	, may be a	attached if more s	pace is required)	<u> </u>			
	100-300 FIRST STAMFORD PLACE HOLDINGS, LLC. Harbor Group Management Co., LLC									
CEI	RTIFICATE HOLDER			CANC	ELLATION					
100-300 FIRST STAMFORD PLACE HOLDINGS, LLC. Harbor Group Management Co., LLC . 300 First Stamford Place, Suite 220					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Stamford, CT 06902			AUTHORIZED REPRESENTATIVE						