

SAMPLE

ACORD CERTIFICATE OF LIABILITY INSURANCE					DATE MM/(DD/YY) 9/19/12	
PRODUCER INSURANCE CARRIER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
INSURED TENANT NAME & ADDRESS (or see below) VENDOR/CONTRACTOR NAME & ADDRESS	INSURERS AFFORDING COVERAGE INSURER A: Insurance Company, Inc. INSURER B: Insurance Company, Inc. INSURER C: Insurance Company INSURER D: Insurance Company, Inc. INSURER E: Insurance Company					
COVERAGES						
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECT. DATE (MM/DD/YY)	POLICY EXPIR. DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	XXXXXX12345	10/1/2012	10/1/2013	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL				FIRE DAMAGE (Any one fire)	\$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$5,000
	<input checked="" type="checkbox"/> Contract. Liab.				PERSONAL&ADVINJURY	\$1,000,000
	<input type="checkbox"/>				GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJECT LOC <input checked="" type="checkbox"/>				PRODUCTS -COMP/OP AGG	\$2,000,000
B	AUTOMOBILE LIABILITY	XXXXXX12345	10/1/2012	10/1/2013	COMBINED SINGLE LIMIT	
	<input checked="" type="checkbox"/> ANY AUTO				(Ea accident)	\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> NON OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>					
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	
					OTHER THAN EA ACC:	\$
					AUTO ONLY AGG:	\$
C	EXCESS LIABILITY	XXXXXX12345	10/1/2012	10/1/2013	EACH OCCURRENCE	\$5,000,000
	<input checked="" type="checkbox"/> OCCUR CLAIMS MADE				AGGREGATE	\$5,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$10,000					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	XXXXXX12345	10/1/2012	10/1/2013	<input checked="" type="checkbox"/> WC STAT. LIMITS	
					E.L. EACH ACCIDENT	\$1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
					E.L. DISEASE - POLICY LIMIT	\$1,000,000
E	OTHER Excess Umbrella	XXXXXX12345	10/1/2012	10/1/2013	OCC: \$5,000,000	
					AGG: \$5,000,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS						
Additional Insured status encompasses General Liability and Umbrella: It is understood and agreed that PGREF I 1633 Broadway Tower, L.P.; PGREF I 1633 Broadway Land, L.P.; PGREF I Paramount Plaza, L.P.; PGREF I Paramount Plaza Holding GP, LLC; PGREF I Paramount Plaza GP, LLC; and Paramount Group, Inc. are included as additional insureds.						
CERTIFICATE HOLDER ADDITIONAL INSURED;INSURER LETTER:						
Paramount Group, Inc. as Agent for PGREF I 1633 Broadway Tower, L.P. 1633 Broadway Attn: Building Manager New York, NY 10019				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.		