



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2013

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 MARSH USA INC. 507 PLUM STREET, SUITE 110 SYRACUSE, NY 13204	CONTACT NAME: RENEE IMPAGLIA	
	PHONE (A/C, No, Ext): 315-425-3924	FAX (A/C, No): 315-425-3952
E-MAIL ADDRESS: RENEE.M.IMPAGLIA@MARSH.COM		
INSURED LICENSE AGREEMENT	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ABC INSURANCE COMPANY	NAIC # 11111
	INSURER B:	
	INSURER C: COMPANIES MUST HAVE AN AM BEST	5 DIGIT
	INSURER D: RATING OF A- OR BETTER AND BE	CODE
	INSURER E: LICENSED TO DO BUSINESS IN THE	
INSURER F: STATE WHERE MALL IS LOCATED		

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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DED / SIR IF ANY GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	Y	PER LOCATION BOX MUST BE CHECKED	DATES OF LEASE AGREEMENT		EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y				NY POLICY MUST INCLUDE "ANY AUTO"
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ IF ANY	Y	Y	FULL POLICY LIMIT SHOULD BE SHOWN	MINIMUM LIMITS REQUIRED	DATES OF LEASE AGREEMENT	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AS REQUIRED BY THE LAWS OF THE STATE OF MALL LOCATION. NY MUST BE LISTED UNDER ITEM 3A OF THE POLICY (NY STATE LAW)	DATES OF LEASE AGREEMENT	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

SEE ATTACHED

CERTIFICATE HOLDER PYRAMID WALDEN COMPANY LP C/O THE PYRAMID COMPANIES 4 CLINTON SQUARE SYRACUSE, NY 13202	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE SIGNATURE IS REQUIRED
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AGENCY CUSTOMER ID:
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY MARSH USA INC.		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: **CERTIFICATE OF LIABILITY INSURANCE**

GENERAL LIABILITY:

ADDITIONAL INSURED APPLIES PER ATTACHED FORM _____

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM _____

15 DAYS NOTICE OF CANCELLATION FOR LANDLORD APPLIES PER ATTACHED FORM _____

AUTOMOBILE:

ADDITIONAL INSURED APPLIES PER ATTACHED FORM _____

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM _____

WORKERS' COMPENSATION:

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM _____

UMBRELLA COVERAGE FOLLOWS FORM OF THE GENERAL LIABILITY, AUTOMOBILE AND WORKERS' COMPENSATION POLICIES.