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	NAIC #
INSURER A : ABC INSURANCE COMPANY	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 [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [ ] OCCUR [X] DED / SIR IF ANY GEN'L AGGREGATE LIMIT APPLIES PER [ ] POLICY [ ] PRO-JECT [X] LOC	Y	Y	PER LOCATION BOX MUST BE CHECKED	DATES OF LEASE AGREEMENT		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	Y	Y	NY POLICY MUST INCLUDE "ANY AUTO"	DATES OF LEASE AGREEMENT		COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ IF ANY	Y	Y	FULL POLICY LIMIT SHOULD BE SHOWN	MINIMUM LIMITS REQUIRED DATES OF LEASE AGREEMENT		EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	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			[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

SEE ATTACHED

CERTIFICATE HOLDER

POUGHKEEPSIE GALLERIA LLC
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

AGENCY	NAMED INSURED
MARSH USA INC.	
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.

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