



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2011

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	SHORT TERM LEASE AGREEMENT		CONTACT NAME:		
			PHONE (A/C, No, Ext):	FAX (A/C, No):	
			E-MAIL ADDRESS:		
			INSURER(S) AFFORDING COVERAGE	NAIC #	
			INSURER A: ABC INSURANCE COMPANY	11111	
INSURED				INSURER B:	
				INSURER C: Companies must have an AM Best rating	Must have
				INSURER D: of A- or better and be licensed to do	5 digit code
				INSURER E: business in the state where mall is located	
				INSURER F:	

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 checked="" 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				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 - COMP/OP AGG \$ 1,000,000
				← PER LOCATION MUST APPLY			
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	POLICY MUST INCLUDE " ANY AUTO "			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ IF ANY	Y	Y				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			AS REQUIRED BY THE LAWS OF THE STATE OF MALL LOCATION NY MUST BE LISTED UNDER ITEM 3A OF THE POLICY (NY STATE LAW)			<input checked="" type="checkbox"/> WC STATUTORY LIMITS 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)

ENDORSEMENT AND SPECIAL CONDITION LANGUAGE CAN NOT BE SHOWN HERE - MUST BE SHOWN ON ACORD 101

SEE ATTACHED...

CERTIFICATE HOLDER

CANCELLATION

(OWNER / MALL NAME)
PYRAMID MANAGEMENT GROUP, LLC
4 CLINTON SQUARE
SYRACUSE, NY 13202

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



ADDITIONAL REMARKS SCHEDULE

AGENCY Brown & Brown - Empire State		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.