



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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">CONTACT NAME: RENE M. IMPAGLIA</td> </tr> <tr> <td style="padding: 2px;">PHONE (A/C No. Ext): 315-425-3924</td> <td style="padding: 2px;">FAX (A/C No.): 315-425-3952</td> </tr> <tr> <td colspan="2" style="padding: 2px;">E-MAIL ADDRESS: RENE.M.IMPAGLIA@MARSH.COM</td> </tr> </table>	CONTACT NAME: RENE M. IMPAGLIA		PHONE (A/C No. Ext): 315-425-3924	FAX (A/C No.): 315-425-3952	E-MAIL ADDRESS: RENE.M.IMPAGLIA@MARSH.COM									
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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																													
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SEE ATTACHED

CERTIFICATE HOLDER

DESTINY USA HOLDINGS, LLC
 CAROUSEL CENTER 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



AGENCY CUSTOMER ID:
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page of

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.