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| PRODUCER<br><br><p style="text-align: center; font-size: 1.2em;"><b>INSURANCE COMPANY</b></p> | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.<br><br><p style="text-align: center;"><b>INSURERS AFFORDING COVERAGE</b></p> |
| INSURED<br><br><p style="text-align: center; font-size: 1.2em;"><b>NAME OF VENDOR</b></p>     | INSURER A:<br>_____<br>INSURER B:<br>_____<br>INSURER C:<br>_____<br>INSURER D:<br>_____<br>INSURER E:<br>_____  |

**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.

| INSR LTR  | TYPE OF INSURANCE  | POLICY NUMBER             | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY)        | LIMITS   |
|---|--|---------------------------|----------------------------------|--|--|
| <b>A</b>  | GENERAL LIABILITY  |                           |                                  |  | EACH OCCURRENCE \$ 1,000,000   |
|   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |                           |                                  |  | DAMAGE TO RENTED PREMISES(Ea occurr) \$ 1,000,000  |
|   | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                           |                           |                                  |  | MED EXP (Any one person) \$ 10,000   |
|   | <input type="checkbox"/> CONTRACTUAL LIAB.   |                           |                                  |  | PERSONAL & ADV INJURY \$ 1,000,000   |
|   | <input type="checkbox"/> INCLUDED  |                           |                                  |  | GENERAL AGGREGATE \$ 2,000,000   |
|   | GEN'L AGGREGATE LIMIT APPLIES PER.   |                           |                                  |  | PRODUCTS - COMP/OP AGG \$ 2,000,000  |
|   | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                           |                                  |  | FIRE DAMAGE (Any on fire) \$ 1,000,000   |
|   | <b>B</b>   | AUTOMOBILE LIABILITY      |                                  |  |  |
| <input checked="" type="checkbox"/> ANY AUTO        |  |                           |                                  |  | BODILY INJURY (Per Person) \$  |
| <input type="checkbox"/> ALL OWNED AUTOS            |  |                           |                                  |  | BODILY INJURY (Per Accident) \$  |
| <input type="checkbox"/> SCHEDULED AUTOS            |  |                           |                                  |  | PROPERTY DAMAGE (Per accident) \$  |
| <input checked="" type="checkbox"/> HIRED AUTOS     |  |                           |                                  |  |  |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS |  |                           |                                  |  |  |
|   | GARAGE LIABILITY   |                           |                                  |  | AUTO ONLY - EA ACCIDENT \$   |
|   | <input type="checkbox"/> ANY AUTO  |                           |                                  |  | OTHER THAN EA ACC \$   |
|   |  |                           |                                  |  | AUTO ONLY: AGG \$  |
| <b>B</b>  | EXCESS LIABILITY   |                           |                                  |  | EACH OCCURRENCE \$ 5,000,000   |
|   | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                           |                           |                                  |  | AGGREGATE \$ 5,000,000   |
|   | <input type="checkbox"/>   |                           |                                  |  | \$   |
|   | <input checked="" type="checkbox"/> RETENTION \$ 10,000  |                           |                                  |  | \$   |
| <b>B</b>  | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  | <b>Must show Coverage</b> |                                  |  | <input checked="" type="checkbox"/> WC STATUTORY LIMITS   <input type="checkbox"/> OTHER |
|   | ANY PROPRIETOR/EXECUTIVE   |                           |                                  | E.L. EACH ACCIDENT \$ 1,000,000          |  |
|   | OFFICER/MEMBER EXCLUDED?<br><small>If yes, describe under</small>  |                           |                                  | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  |  |
|   | SPECIAL PROVISIONS below   |                           |                                  | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |  |
| <b>C</b>  | OTHER  |                           |                                  |  | <b>\$5,000,000 EACH OCCURRENCE</b><br><b>\$10,000,000 AGGREGATE</b>                      |
|   | UMBRELLA   |                           |                                  |  |  |

Sample

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 RE: All Operations (AllertonFox Job# ABC-###)  
 Project Specific Additional insureds and their subsidiaries, agents, employees, contractors, sub-contractors, representatives, affiliates(s) or affiliated entities, successors and assigns. All liability insurance is primary for additional insureds.

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| <b>CERTIFICATE HOLDER</b>  | <b>ADDITIONAL INSURED; INSURER LETTER</b> _____ | <b>CANCELLATION</b>  |
| AllertonFox Construction LLC<br>110 West 40th Street<br>Suite 1603<br>New York, NY 10018 |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <b>30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.<br><br>AUTHORIZED REPRESENTATIVE |