

Gateway Center One One North Lexington Ave. White Plains, NY 10601 PHONE: (914) 683-5142

FAX: (914) 328-3018

RE: Certificate of Insurance

To Whom It May Concern:

Cushman & Wakefield, Inc. is the managing agent for Gateway I Group, Inc., at One North Lexington Avenue White Plains, NY 10601. As Managing Agent of Gateway Center One, Cushman & Wakefield requires that *all contractors*, *subcontractors*, *and vendors* performing work or services at this property for tenants or the Managing Agent, *maintain current and complete insurance coverage*, *at the insured's expense*.

Forward the following coverages and requirements to your insurance company. The insurance company should provide a Certificate or Insurance forwarded to the address below.

COVERAGES:

(a) Worker's Compensation - Statutory Amount not less than \$1,000,000.

(b) Employer's Liability --

Aggregate - \$1,000,000 minimum
 Each Accident -- \$1,000,000 minimum

(c) Commerical Liability Insurance

General Aggregate - \$10,000,000 minimum
 Each Occurrence - \$10,000,000 minimum

(d) Comprehensive Auto Liability \$5,000,000 minimum any auto/owned, non-owned / hired

REQUIREMENTS:

ADDITIONAL INSURED

This policy shall name the Ownership and Managing Agent as additional insured's. Evidence of products coverage must be shown for a minimum of two years following the completion of the work described in the contract.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT

Gateway I Group, Inc. and its subsidiaries, affiliates, and assigns; CBRE Global Investors and its subsidiaries, affiliates, and assigns; and Cushman & Wakefield, Inc. and its subsidiaries, affiliates, and assigns are named as Additional Insured with respects to General Liability and Automobile Liability.

CERTIFICATE HOLDER

The policy shall name Ownership as the Certificate Holder.

CERTIFICATE HOLDER

Gateway I Group, Inc. c/o Cushman & Wakefield, Inc. as manager Gateway Center One One North Lexington Avenue White Plains NY, 10601

It is imperative that we receive the requested information for our records to alleviate any delay in work or services performed. The original Certificate of Insurance should be forwarded to the following address:

Cushman & Wakefield, Inc. Gateway Center One One North Lexington Avenue White Plains, NY 10601



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) xx/xx/xxxx

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

							oolicies may require an er	ndorse	ment. A stat	tement on th	is certificate does not c	onfer	rights to the	
rectificate holder in lieu of such endorsement(s). PRODUCER Insurance Agent's Name Insurance Agent's Address									CONTACT NAME:					
									; o, Ext):		FAX (A/C, No):			
									ADDRESS: PRODUCER					
		•						CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE NAIC						
INSURED									INSURER(S) AFFORDING COVERAGE					
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CO	VER	AGES		CEF	TIFI	CATE	E NUMBER:	INCORE			REVISION NUMBER:			_
			AT :				RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO			HE PO	LICY PERIOD	_
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INSR LTR		TYPE OF INSURANCE				SUBR		POLICY EFF (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	LIMIT	-		
A	GEN	GENERAL LIABILITY								,,,			,000,000.00	
	Χ	X COMMERCIAL GENERAL LIABILITY			X		VVVVVVVVVVV			xx/xx/xxxx	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
		CLAIMS-MADE X OCCUR					xxxxxxxxxx		xx/xx/xxxx		MED EXP (Any one person)	\$		
		Incl Products Lia	Products Lia								PERSONAL & ADV INJURY	\$		
		N'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$ 10	0,000,000.00)
	GEN										PRODUCTS - COMP/OP AGG	\$		
	X	POLICY PRO- JECT		LOC								\$		
A	AUT	OMOBILE LIABILITY			X						COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000.0		
	X	ANY AUTO ALL OWNED AUTOS					xxxxxxxxx		xx/xx/xxxx	xx/xx/xxxx	BODILY INJURY (Per person)	\$,000,000.00	_
											BODILY INJURY (Per accident)			_
		SCHEDULED AUTOS									PROPERTY DAMAGE			_
	X	HIRED AUTOS									(Per accident)	\$		
	X	NON-OWNED AUTOS										\$		
												\$		
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A A	AND EMPLOYERS' LIABILITY Y / N								44/04/44	44/04/40	X WC STATU- TORY LIMITS OTH- ER			_
	OFF	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A		XXX-XXXXXX-XX		11/01/11	11/01/12	E.L. EACH ACCIDENT		000,000.00	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						xxx-xxxxxx-xx		11/01/11	11/01/12	E.L. DISEASE - EA EMPLOYEE		•	
											E.L. DISEASE - POLICY LIMIT	\$ 1,(000,000.00	_
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DES	CRIPT	ION OF OPERATIONS /	ווחר	CATIONS / VEHIC	LES /	Attach	ACORD 101, Additional Remarks S	Schedule	if more snace is	required)				_
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1		-					nd its subsidiaries, affilia					า		
	rega	rds to General Li	abil	lity and Auto	mob	ile Lia	ability.		-					
CF	RTIF	ICATE HOLDER						CANO	CELLATION					_
J <u>-</u>		.c I HOLDEN						J						
									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
		Gateway I (d In	c		ACCORDANCE WITH THE POLICY PROVISIONS.						
c/o Cushman & Wakefield, Inc. as Manager								AUTHORIZED REPRESENTATIVE						
1		One North		xington Av	enue	•		AUTHORIZED REPRESENTATIVE						
White Plains,, NY 10601														