



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 of 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 |
| • Per Occurrence | \$1,000,000 minimum |
| (c) Commerical Liability Insurance | |
| • General Aggregate | \$5,000,000 minimum |
| • Per Occurrence | \$5,000,000 minimum |
| (d) Comprehensive Auto Liability | |
| • Aggregate | \$5,000,000 minimum |
| • Per Occurrence | \$5,000,000 minimum |

REQUIREMENTS:

ADDITIONAL INSURED

- This policy shall name the Ownership and Managing Agent as additional insured's.
- Copies of the Additional Insured policy endorsement(s) relative to General Liability, Automobile Liability and Excess/Umbrella Liability are required. **(samples attached)**

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

Gateway I Group, Inc. and its subsidiaries, affiliates, and assigns; Sentinel Real Estate Corp. 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, Automobile Liability, and Excess/Umbrella 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, Suite #210
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 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 Insurance Agent's Name Insurance Agent's Address	CONTACT NAME: PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Company Name Company Address	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	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	X		XXXXXXXXXX	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	\$ 5,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	<input type="checkbox"/> Incl Products Lia						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
A	AUTOMOBILE LIABILITY	X		XXXXXXXXXX	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000.00
	<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							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			XXXXXXXXXX	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	RETENTION \$							
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	xxx-xxxxxx-xx xxx-xxxxxx-xx	11/01/11 11/01/11	11/01/12 11/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						Y/N	
	If yes, describe under DESCRIPTION OF OPERATIONS below							
							E.L. EACH ACCIDENT	\$ 1,000,000.00
		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.00					
		E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.00					

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

Gateway I Group, Inc. and its subsidiaries, affiliates, and assigns; Sentinel Real Estate Corp. and its subsidiaries, affiliates, and assigns; and Cushman & Wakefield, Inc. and its subsidiaries, affiliates, and assigns are named as Additional Insureds with regards to General Liability, Automobile Liability, and Excess/Umbrella Liability.

CERTIFICATE HOLDER**CANCELLATION**

Gateway I Group, Inc. c/o Cushman & Wakefield, Inc. as Manager One North Lexington Avenue White Plains,, NY 10601	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
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Gateway I Group, Inc. and its subsidiaries, affiliates, and assigns;
Sentinel Real Estate Corp. and its subsidiaries, affiliates, and assigns;
Cushman & Wakefield, Inc. and its subsidiaries, affiliates, and assigns

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations;
or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

