

ACORD CERTIFICATE OF LIABILITY INSURANCE	DATE:
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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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">INSURANCE COMPANY</div>	CONTACT NAME: PHONE: (A/C, No, Ext): EMAIL ADDRESS: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>INSURER(S) AFFORDING COVERAGE</div> <div>NAIC #</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>INSURER A: Travelers</div> <div>12345</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>INSURER B:</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>INSURER C:</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>INSURER D:</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>INSURER E:</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>INSURER F:</div> <div></div> </div>
INSURED <div style="text-align: center; font-size: 1.2em; font-weight: bold;">NAME OF VENDOR</div>	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISE(Ea occur) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER.						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	H92J47221	1/1/2016	1/1/2017	GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OTHER						PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<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	X	X	LDFI8729	1/1/2016	1/1/2017	PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						
B	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	X	JMEJ372	4/15/2016	4/15/2017	
							PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N	N/A	X	Must show coverage	2/1/2016	2/1/2017	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						
C	OTHER						

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

Brookfield Properties (USA II) LLC, Brookfield Properties One WFC Co. LLC, Battery Park City Authority, The Commissioner of Transportation for the People of the State of New York, and their affiliates and all of their respective employees, officers, directors, partners, members, agents, board of managers, and any successors and assigns of such entities; any present or future mortgagee which encumbers an interest in the land or improvements commonly known as 200 Liberty Street, New York, New York and its successors and assigns; and such other and future entities and/or individuals as may be identified by the Owner in writing.

CERTIFICATE HOLDER

Brookfield Properties One WFC Co. LLC
 c/o Brookfield Properties
 200 Liberty Street
 New York, NY 10281
 attn: Risk Manager

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