

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t				•	•	,	require an end	orsement	. A sta	atement on	
PRODUCER						CONTACT NAME:						
Insurance Company's Name						PHONE (A/C, No, Ext):  FAX (A/C, No):						
insurance Company's Name						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A :						
INSURED						INSURER B:						
						INSURER C:						
Contractor's Name						INSURER D :						
						INSURER E :						
						INSURER F:						
COVERAGES CER			CATE	NUMBER: 2048460075	REVISION NUMBER:							
IN C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REFRIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT	OR OTHER DESCRIBED	DOCUMENT WIT D HEREIN IS SU	H RESPE	CT TO \	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR							DAMAGE TO RENTED		\$ 1,000,	000	
										\$ 1,000,	000	
								MED EXP (Any one person)		\$ 10,000	)	
				Add Policy Number		DATE	DATE	PERSONAL & ADV INJURY		\$ 1,000,	000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$ 2,000,	000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG		\$ 1,000,000		
	OTHER:							COMBINED SINGL	FIIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED							` ' '		\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (F	,	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	.GE	\$		
										\$		
Α	X UMBRELLA LIAB X OCCUR			Add Policy Number	DATE	DATE	DATE	EACH OCCURRENCE \$		\$ 1,000,	000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$ 1,000,	000	
	DED X RETENTION \$ 10,000							V PER	OTH-	\$		
В	AND EMPLOYERS' LIABILITY Y / N							X PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Add Policy Number		DATE	DATE	E.L. EACH ACCIDENT		\$ 100,00	00		
	(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA	EMPLOYEE	\$ 100,00	00		
	DÉSCRIPTION OF OPERATIONS below	RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		\$ 500,00	00	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	0 101, Additional Remarks Schedul	e, may be	attached if more	space is require	ed)				
ALL OPERATIONS OF INSURED AND LOCATIONS AS PER AGREEMENT ON BEHALF OF RECTOR, CHURCHWARDENS AND VESTRYMEN OF TRINITY CHURCH IN THE CITY OF NEW YORK, PTC CORPORATION, GRAND VARICK CORP., 160/170 VARICK STREET CONDOMINIUM AND THE TRUST FOR CULTURAL RESOUCES IN THE CITY OF NEW YORK WHICH ARE INCLUDED AS ADDITIONAL INSUREDS. THIS GENERAL LIABILITY INSURANCE IS PRIMARY TO ANY INSURANCE MAINTAINED BY THE PARISH OF TRINITY CHURCH WHICH INSURANCE IS SPECIFICALLY EXCESS AND NON-CONTRIBUTORY TO CONTRACTOR'S COVERAGE.												
CERTIFICATE HOLDER						CANCELLATION						
The Jerome L. Greene Space at New York Public Radio 44 Charlton Street, New York, NY 10013						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						