



Memorandum

The Shops at Ithaca Mall
40 Catherwood Road
Ithaca, New York 14850
607-257-5338
Fax: 607-257-6754

November 2017

To: All Tenants Vendors & Service Providers

FROM: The Shops at Ithaca Mall Realty, LLC

RE: Additional Insured Endorsement/Certificate(s) of Liability

Please see the following page sample. Our insurance carrier requires that we obtain Certificate of Insurance from all of our Tenants, Vendors, Subcontractors and Freight Companies with the following requirements: **(PLEASE FORWARD THIS EMAIL TO YOUR INSURANCE AGENT TO COMPLETE THE CERTIFICATE)**

- Endorsement naming Namdar Realty Group, LLC and Ithaca Mall Realty LLC as an Additional Insured under the Commercial General Liability and Commercial Auto policies with Primary & Non-Contributory Wording, Waiver of Subrogation, Hold Harmless Agreement and a copy of the additional insured endorsement – it must accompany the certificate.
- Minimum General Liability Limits of \$1,000,000 per Occurrence and \$2,000,000 General Policy Aggregate and Auto \$1,000,000 CSL.
- Workers' Compensation/Employers Liability coverages should also be shown on the certificate of liability as evidence/proof of coverage and include Waiver of Subrogation endorsement to the Certificate
- **Certificates should be originals from the insurance carrier or agent indicating the carrier(s) for the various types of insurance coverage.**
- Minimum 30-Day Notice of Cancellation.
- Certificate holder should read:
 - Named Insured (as shown on your lease)
 - Street
 - City, State, Zip

Your prompt response to our request is appreciated.



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. 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 Your insurance agent will complete this	CONTACT NAME:	
	PHONE (A/C, No., Ext):	FAX (A/C, No.):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED YOUR COMPANY NAME <u>AS SHOWN ON YOUR LEASE (WITH DBA)</u>	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	UBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			YOUR AGENT WILL PROVIDE THIS	EFF/EXP DATE		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			YOUR AGENT WILL PROVIDE THIS			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			YOUR AGENT WILL PROVIDE THIS			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Namdar Realty Group LLC and Ithaca Mall Realty LLC are named as additional insureds as per form # _____ attached as respects leased property located at 40 Catherwood Road, Ithaca, NY 14850.
 30 Day Notice of cancellation/10 day notice for non payment of premium.
 Policies are Primary and Non Contributory. Waiver of Subrogation is included.

CERTIFICATE HOLDER

CANCELLATION

Namdar Realty Group LLC
 Ithaca Mall Realty LLC
 150 Great Neck Rd, Suite 304
 Great Neck, NY 11021

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

YOUR AGENT WILL PROVIDE THIS

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