



# 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 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<br><br><b>STANDARD INSURANCE REQUIREMENTS</b> | CONTACT NAME:                                    |  | FAX (A/C, No): |                |
|                                                        | PHONE (A/C, No, Ext):                            |  |                |                |
| E-MAIL ADDRESS:                                        |                                                  |  |                |                |
| INSURER(S) AFFORDING COVERAGE                          |                                                  |  | NAIC #         |                |
| INSURER A: <b>ABC INSURANCE COMPANY</b>                |                                                  |  | <b>11111</b>   |                |
| INSURED<br><br>NAME OF BUSINESS SHOWN IN CONTRACT      | INSURER B:                                       |  |                |                |
|                                                        | INSURER C: <b>COMPANIES MUST HAVE AN AM BEST</b> |  |                | <b>MUST</b>    |
|                                                        | INSURER D: <b>RATING OF A- OR BETTER AND BE</b>  |  |                | <b>HAVE</b>    |
|                                                        | INSURER E: <b>LICENSED TO DO BUSINESS IN THE</b> |  |                | <b>5 DIGIT</b> |
|                                                        | INSURER F: <b>STATE WHERE MALL IS LOCATED</b>    |  |                | <b>CODE</b>    |

**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        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br>CLAIMS-MADE <input checked="" type="checkbox"/> <b>OCCUR</b><br><input checked="" type="checkbox"/> <b>DED / SIR IF ANY</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b> | Y         | Y        | <b>COVERAGE TO INCLUDE BROAD FORM PROPERTY DAMAGE, CONTRACTUAL INDEMNITY COVERAGE INCLUDING ON-GOING AND COMPLETED OPERATIONS</b><br><br><b>PER PROJECT MUST APPLY</b> |                         |                         | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COM/OP AGG \$ <b>2,000,000</b><br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> <b>ANY AUTO</b><br><input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input checked="" type="checkbox"/> <b>SCHEDULED AUTOS</b><br><input checked="" type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>                                                                                          | Y         | Y        | <b>POLICY MUST INCLUDE "ANY AUTO" IF INSURED HAS VEHICLES</b><br><b>If no vehicles, hired and non-owned required</b>                                                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                     |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b><br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b><br><input type="checkbox"/> <b>DED</b> <input checked="" type="checkbox"/> <b>RETENTION \$</b> <b>IF ANY</b>                                                                                   | Y         | Y        |                                                                                                                                                                        |                         |                         | EACH OCCURRENCE \$ <b>3,000,000</b><br>AGGREGATE \$ <b>3,000,000</b><br>\$                                                                                                                                                                                                 |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>(If yes, describe under DESCRIPTION OF OPERATIONS below)                                                                                                                                                                                                     | Y/N       | N/A      | <b>NY MUST BE LISTED UNDER ITEM 3A OF THE POLICY (NY STATE LAW) IF WORKING IN NY STATE</b>                                                                             |                         |                         | <input checked="" type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b><br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>                        |

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

**INCLUDE JOB INFORMATION HERE**

Pyramid Management Group, LLC, property owners (put in specific property) and its respective affiliates as additional insureds.

**SEE ATTACHED**

**CERTIFICATE HOLDER**

WG Mall Company, LLC  
 Pyramid Management Group, LLC  
 One Walden Galleria  
 Buffalo, NY 14225

**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

**SIGNATURE IS REQUIRED**

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AGENCY CUSTOMER ID:  
LOC #:

### ADDITIONAL REMARKS SCHEDULE

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|                                 |           |                 |
|---------------------------------|-----------|-----------------|
| AGENCY<br><b>MARSH USA INC.</b> |           | NAMED INSURED   |
| POLICY NUMBER                   |           |                 |
| CARRIER                         | NAIC CODE | EFFECTIVE DATE: |

**ADDITIONAL REMARKS**  
 THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25      FORM TITLE: **CERTIFICATE OF LIABILITY INSURANCE**

**GENERAL LIABILITY:**  
 ADDITIONAL INSURED, INCLUDING COMPLETED OPERATIONS, ON A PRIMARY AND NON-CONTRIBUTORY BASIS APPLIES  
 WAIVER OF SUBROGATION APPLIES  
 30 DAYS NOTICE PRIOR THE CANCELLATION, NON-RENEWAL AND REDUCTION IN LIMITS (MATERIAL CHANGE) WILL BE MAILED TO THE CERTIFICATE HOLDER

**AUTOMOBILE:**  
 ADDITIONAL INSURED ON A PRIMARY AND NON-CONTRIBUTORY BASIS APPLIES  
 WAIVER OF SUBROGATION APPLIES  
 30 DAYS NOTICE PRIOR THE CANCELLATION, NON-RENEWAL AND REDUCTION IN LIMITS (MATERIAL CHANGE) WILL BE MAILED TO THE CERTIFICATE HOLDER

**UMBRELLA:**  
 30 DAYS NOTICE PRIOR THE CANCELLATION, NON-RENEWAL AND REDUCTION IN LIMITS (MATERIAL CHANGE) WILL BE MAILED TO THE CERTIFICATE HOLDER  
 WAIVER OF SUBROGATION APPLIES  
 UMBRELLA LIABILITY FOLLOWS FORM OF THE GENERAL LIABILITY POLICY