

PRODUCER

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).

CONTACT

		PHONE FAX (A/C, No, Ext): (A/C, No):		
SAMPLE		E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A:		
INSURED Contractor		INSURER B:		
Main Street		INSURER C:		
Anytown, USA		INSURER D:		
(000) 555-1212		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 SUBR INSR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY) LIMITS	
GENERAL LIABILITY			EACH OCCURRENCE \$ 1.000	0,000.00
COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100.0	
CLAIMS-MADE X OCCUR	<u> </u>		MED EXP (Any one person) \$ 5,000	
			PERSONAL & ADV INJURY \$ 1,000	0,000.00
			***************************************	0,000.00
GEN'L AGGREGATE LIMIT APPLIES PER:			PRODUCTS - COMP/OP AGG \$ 2.000	0,000.00
POLICY PRO- LOC			\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000	0,000.00
X ANY AUTO	Li Pi			0,000.00
ALL OWNED SCHEDULED AUTOS			BODILY INJURY (Per accident) \$ 1,000	0,000.00
HIRED AUTOS NON-OWNED AUTOS			PROPERTY DAMAGE \$ 1,000	0,000.00
			\$	
UMBRELLA LIAB X OCCUR			EACH OCCURRENCE \$ 5,000	0,000.00
X EXCESS LIAB CLAIMS-MADE	larrand kanawat		AGGREGATE \$ 5,000	0,000.00
DED RETENTION\$			\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			X WC STATU- OTH- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		E.L. EACH ACCIDENT \$ 500,0	00.00
OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	""		E.L. DISEASE - EA EMPLOYEE \$ 500,0	00.00
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$ 500,0	00.00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)				
Lowe's Companies, Inc., Hylan Enterprises, Inc., Marketplace Center, LLC, Marketplace Center II, LLC, Wilmorite Inc., Wilmorite Management Group, LLC, Wilmorite Construction, LLC, Rochester Malls, LLC, Wilmorite Security, LLC, the Tenant or Tenants whose leased property is involved in such repairs/replacements, Eric Rueckwald, Mark Rueckwald, West Henrietta Section 700, LLC and Rueckwald Management Corp. and their Shareholders, Members, Managers, Officers, Directors, heirs, successors and/or assigns and all its affiliates are included as additional insureds as their interests may appear on a primary non-contributory basis.				
CERTIFICATE HOLDER CANCELLATION				
Wilmorite Management Grou	ıp, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
1 Miracle Mile Drive	· ·	AUTHORIZED REPRESENTATIVE		
Rochester, New York 14623		AO INONIALO REFRESENTATIVE		