



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	CONTACT NAME:		FAX (A/C):	
	PHONE (A/C, No, Ext):			
INSURED	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: See attached list of unacceptable GL companies			
	INSURER B: Umbrella Insurance Co			
	INSURER C: Equipment Floater Insurance Co.			
	INSURER D:			
INSURER E:				
INSURER F:				

Insert Contractor Insured's Name and Address

COVERAGES

CERTIFICATE NUMBER: 2019 master

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/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y				EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	OTHER:							\$	
	AUTOMOBILE LIABILITY	Y					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	Y	Y			EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	Y			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
C	Equipment Floater		Y						

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

Project: All work performed for [list here tenant who the work is being performed for] during the policy period at [insert tenant property location here], Suite , Morristown, New Jersey.

Jones Lang LaSalle Americas, Inc. (as agent for Second ROC-Jersey Associates LLC) and its subsidiary companies, officers, directors, and employees, Olnick-Fisher Development Associates, LLC, Second ROC, Second ROC's lender, Sixth ROC, The Town of Morristown, The Olnick Organization, Inc., and Fisher Development Associates, LLC, are Additional Insureds. Coverage for Additional Insureds shall apply on a primary and non-contributory basis regardless of any other insurance and shall include a waiver of subrogation.

CERTIFICATE HOLDER**CANCELLATION**

Jones Lang LaSalle Americas, Inc.
a/a/f Second ROC-Jersey Associates, LLC.
37 Headquarters Plaza
Morristown, NJ 07960
Attention: General Manager

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

COMMENTS/REMARKS

The limits of the Commercial General Liability and Umbrella liability policies detailed above apply on a per project basis and the policies are inclusive of contractual liability coverage, with the Umbrella policy following form of the General Liability policy as respects additional insured status.

Carriers with Unacceptable/Questionable Coverage (as of July '18)

1. This list is not all inclusive, but these carriers have denied claims for injury to workers (any worker) and/or do not have any contractual coverage. Other coverage gaps may also exist.
2. They are not acceptable as GC's for Owner's Interest Projects, or as subcontractors for GC's written by Mt. Hawley/RLI.
3. If you have specific information that shows a carrier below is providing full contractual coverage as well as full additional insured status as required by contract, with no exclusion for worker injury, please forward that information for our review.

Acceptance Casualty Ins Co (IAT Insurance Group)	Maxum Specialty / Maxum Indemnity
Acceptance Indemnity Ins Co (IAT Insurance Group)	MUSIC (Mesa Underwriters Specialty Company)
ACE	National Fire and Marine
Alterra Excess & Surplus Ins Co	Northfield (Travelers Ins Co)
Am. European Ins Group (part of Rutgers)	Northland (Travelers Ins Co)
American Safety	Nautilus Insurance
Arch	Nova Casualty
Aspen Specialty	Preferred Contractors Insurance Co. (PCIC)
Atlantic Casualty	Penn America
Atlantic Mutual	Prime Insurance Co,
Burlington	Princeton Excess & Surplus
Century Surety / Century Ins.	Rutgers
Colony Insurance	Scottsdale
Employer's Mutual Company	Sompo (Endurance)
Essex - Binding Authority	Tokio Marine
Evanston (Alterra Excess & Surplus Ins Co)	Tower
Everest	Tudor (part of Western World)
First Mercury / Cover X	United Specialty Insurance
Gemini Insurance	USLI
GUARD Ins Companies (Berkshire Hathaway) NorGUARD, AmGUARD, EastGUARD, WestGUARD	U.S. Underwriters Ins Co
Hermitage	Utica First
Hudson Insurance	Western Heritage
Kingstone Insurance Company	Western World
Markel Corp	

Applicants Signature & Date

Producer's Signature & Date

By signing, you acknowledge that you've reviewed this list and will do everything to avoid Contractors using these carriers. If there's a question about coverage, please verify that the policy does not contain an exclusion for injury to workers or an exterior height restriction or 5 Borough exclusion.

UW 500 (07/18)