

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
2/4/2014

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 Wells Fargo Insurance Services USA, Inc. Wells Fargo Insurance Services of New York Inc. 330 Madison Avenue, 7th Floor New York, NY 10017 | CONTACT NAME: Bus. Serv. Unit (Cert Requests & Revisions ONLY) | | |
| | PHONE (A/C. No. Ext): 212-682-7500 FAX (A/C. No): 855-840-5144 E-MAIL ADDRESS: bsu.nyc@wellsfargo.com | | |
| INSURED 125 West 96th Street Owners Corp. c/o Century Management Services, Inc. 440 Ninth Avenue, 15th-Floor New York, NY 10001 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Admiral Indemnity Company | | 44318 |
| | INSURER B: Allied World Assurance Co (US) | | 19489 |
| | INSURER C: Great American Insurance Company | | 16691 |
| | INSURER D: Travelers Casualty and Surety Co. of America | | 31194 |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES**CERTIFICATE NUMBER:** 7250369**REVISION NUMBER:** See below

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | | 21-2-10051-31-11 | 12/10/2013 | 12/10/2014 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | 21-2-10051-31-11 | 12/10/2013 | 12/10/2014 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| B | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | 0308-3955 | 12/10/2013 | 12/10/2014 | EACH OCCURRENCE | \$ 200,000,000 |
| | | | | | | | AGGREGATE | \$ 200,000,000 |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE | OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| C | Directors & Officers Liability | | | EPP1496816 | 12/10/2013 | 12/10/2014 | Limit - \$2,000,000 Deductible - \$5,000 | |

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

Re: 125 West 96th Street, New York, NY

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF INSURANCE

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

Certificate of Insurance (Con't)

OTHER Coverage

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | WVD SUBR | POLICY NUMBER | EFFECTIVE DATE (MM/DD/YY) | EXPIRATION DATE (MM/DD/YY) | LIMIT |
|-------------|--|--------------|-------------|------------------|------------------------------|-------------------------------|--|
| A | Property Coverage/Special Form Replacement Cost/Agreed Amount Building Ordinance & B&M Incl. | | | 21-2-10051-31-11 | 12/10/2013 | 12/10/2014 | Building - \$13,108,037 Flood & Quake -\$5,000,000 each (\$25,000 Ded) BI/EE - ALS - 24 Months Cap |
| A | Primary Crime/Fidelity Cov. | | | 21-2-10051-31-11 | 12/10/2013 | 12/10/2014 | Employee Dishonesty - \$100,000 Deductible - \$5,000 Managing Agent Rider Included |
| D | Excess Crime/Fidelity Cov. | | | 105873672 | 12/10/2013 | 12/10/2014 | Employee Dishonesty - \$150,000 Deductible - \$105,000 |