

# **EXHIBIT L**

## **Insurance Requirements Guidelines**

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### **Exhibits:**

Property Underwriting (To Be Provided Upon Award)  
Liability Loss Summary (To Be Provided Upon Award)

## **PURPOSE & SCOPE:**

The purpose of these guidelines is to summarize anticipated terms and conditions of NYCHA's insurance requirements for the prospective Ground Lessee/Beneficial Owner (hereafter, "Development Partner"). These guidelines may be utilized to benchmark - on a preliminary basis - the cost of insurance during construction and operational phases of the Development(s).

Final insurance requirements - and all terms and conditions thereto - are contingent on the final project scope contained in the Operating Agreement, Ground Lease, and other agreements applicable to the Development. NYCHA Risk Management will review these requirements with the Real Estate Development Department and Law Department as well as with the Development Partner and may amend these requirements once the project scope and related agreements are finalized prior to closing.

NYCHA's insurance requirements are communicated via contractual agreement with the Development Partner. While it will be the Development Partner's sole responsibility to see that these requirements are met, it is understood that certain requirements may be met by other parties, such as a developer, general contractor, property manager or other parties as appropriate, acting on behalf of the Development Partner and subject to related contractual agreements.

For avoidance of doubt, it is the intent of NYCHA that all insurable risk pursuant to the Development(s) and all operations thereof be transferred to the Development Partner on a primary basis, and that any NYCHA legal entity engaged in the Development is insured from insurable risks in a manner consistent with the indemnification provisions of the contractual agreements applicable to the Development. The Development Partner will acknowledge that any other insurance NYCHA obtains or maintains with respect to these developments shall be contingent and excess to the insurance required below and shall be structured to inure to NYCHA's sole benefit.

NYCHA may further require that the Development Partner enforces minimum insurance requirements on contractors and other parties providing goods and services to the Development. These requirements will be included in the final contractual agreements.

These guidelines and the final requirements are exclusive of any other statutory or contractual insurance requirements which may be imposed by any other party on the Development Partner pursuant to the Development.

**IMPORTANT NOTE:** In cases where a) "RAD" or "PACT" conversion is **not** effective on date of closing and/or b) a Development continues to include, or may include Public Housing Units, HUD insurance requirements – which are more substantial than those provided below – would apply. While these scenarios are not generally anticipated, waivers from these requirements may need to be requested by the Tenant and Development Partners.

## **REQUIREMENTS FOR ALL INSURANCE:**

The following requirements pertain to ALL insurance policies obtained and maintained with respect to the Development, unless otherwise noted below:

**Insurers** – All insurance shall be underwritten by an insurance company that is licensed - or otherwise legally permitted - to transact business in the state of New York and has an AM Best's policyholder rating of A- or greater and a financial size category of VII or greater. Insurance may alternately be underwritten by a Lloyd's of London syndicate or Surplus Lines Insurers authorized to underwrite business in New York.

**Blanket Insurance Policies** – Development Partner may elect to include the Development in a blanket insurance program with other assets owned or managed by the Development Partner. NYCHA's approval of such policies shall not be unreasonably withheld provided Development Partner acknowledges NYCHA's interest in, and right to review and approve the sharing of limits, concentration of risk, premium allocation and other policy/program terms and conditions.

**Alternative Risk Financing & High Retention/Deductible Programs** – Self-Insurance, Captive Insurance, participation in Insurance Purchasing Groups or insurance with retentions/deductibles excess of \$100,000 must be approved by NYCHA. Approval of Alternative Risk Financing will not be unreasonably withheld, provided that the financial resources and responsibility to pay claims in a manner consistent with the insurance required below is lawful, demonstrable and credible. Development Partner is responsible for all deductibles and retentions.

**Waiver of Subrogation** - All policies must include a Waiver of Subrogation in favor of each NYCHA entity engaged in the transaction wherever commercially available.

**Primary/Non-Contributory** - All policies must apply on a primary basis to any similar insurance carried by any NYCHA entity and not seek contribution from the same wherever commercially available.

**Additional Insured** - All liability policies must include each NYCHA entity engaged in the transaction as an Additional Insured or provide equivalent protection to each NYCHA entity wherever commercially available.

**Severability of Interests** - All policies must include the provision commonly known as Severability of Interests, or Separation of Insureds wherever commercially available.

**Loss Payee (ISAOA ATIMA)** - To the extent NYCHA retains an ownership interest or other financial interest in the assets or revenue of the Development, then each NYCHA entity, its successors or assigns (ISOA) must be named as Loss Payee on all First-Party Property and Builder's Risk policies, inclusive of proceeds from Business Interruption, Rental Income and Delay in Completion coverage, as their interest may appear (ATIMA). NYCHA's status as loss payee and its insurable interest in proceeds from any such policy may not be superseded by any other entity (e.g., an outside financier) unless approved in writing by NYCHA.

**Notice of Cancellation** - All policies must include provisions providing NYCHA with 30

days' notice of cancellation, except 10 days for non-payment of premium.

## **REQUIREMENTS FOR PROPERTY & BUILDER'S RISK INSURANCE:**

The scope of work and development phase will determine which policy form will be appropriate. All physical property including without limitation, existing structures, infrastructure, furniture, fixtures and equipment, contents, and any improvements and betterments conveyed via contract or thereafter constructed must be insured as follows:

**100% Replacement Cost Valuation / No Coinsurance** – Total Insured Value (TIV) as credibly substantiated by Tenant and approved by NYCHA on a semi-annual basis upon policy renewal or inception. For cost estimate and closing, the TIV currently appraised by NYCHA shall be provided with respect to existing structures and contents, however time element values must be calculated by Development Partner, with calculation disclosed to NYCHA. Per Occurrence Loss Limits which are less than the cumulative TIV must be substantiated and approved by NYCHA Risk Management.

**All Risk Policy Form** - including:

- **Equipment Breakdown / Boiler & Machinery Insurance** equal to the TIV or Per Occurrence limit selected per the above.
- **Earthquake, Windstorm, and Flood Insurance** limits commensurate with a credible analysis of Probable Maximum Loss (PML) as substantiated by Tenant and approved by NYCHA, but no less than the lesser of TIV or \$25,000,000 per occurrence as respects Windstorm, and the lesser of TIV or \$5,000,000 per occurrence and in the annual aggregate separately as respects Earthquake and Flood.
- **Ordinance or Law Coverage** – Coverage must be provided for the costs associated with enforcement of any ordinance or law regulating any physical property (building, structure, machinery or equipment), to:
  - Demolish any physically damaged and undamaged portion;
  - Cover the increased cost for repair or rebuilding of the physically damaged and undamaged portions, whether or not demolition is required.
- **Time Element** limits (i.e. **Business Interruption** or **Rental Income**) equal to no less than 24 months of projected net income derived from the leased premises on an Actual Loss Sustained (ALS) basis.

### **New Structures and Property in the Course of Construction**

All buildings and other structures which are newly constructed pursuant to the ground lease must – during the Course of Construction – be insured on a Completed Value basis, including coverage for soft costs, delay-in-completion and other standard terms & conditions.

## **REQUIREMENTS FOR LIABILITY AND OTHER INSURANCE:**

Through the duration of the lease, during both construction and operational phases, the Development Partner must cause to be obtained and maintained liability and other insurance with respect to the Development and any operations thereof. Required limits may be achieved by a combination of primary and excess insurance provided that all terms and conditions are met.

**General Liability** - \$25,000,000 per occurrence and in the aggregate for bodily injury, personal injury and property damage to third parties. If limit is achieved using primary and excess policies under a “master” insurance program that insures other properties, the primary aggregate limit must be issued on a per- project or per-location basis.

**Automobile Liability** - \$5,000,000 combined single limit per accident, including owned, hired, leased and non-owned vehicles operating on or from the Development or in the course of operations related thereto.

**Workers’ Compensation / Employer’s Liability** – Workers’ Compensation and Employer’s Liability Insurance as required by New York State Law.

**Environmental / Pollution Legal Liability** – Up to \$10,000,000 per claim and in the aggregate covering all pollution conditions for which it is Development Partner’s duty to indemnify NYCHA entities pursuant to contract. Limit shall be determined prior to closing based on pre-development environmental surveys.

**Executive Risk Liability** - \$5,000,000 per claim and in the aggregate covering the wrongful acts of the Development Partner entity, it’s Members, Directors and Officers (as applicable), and indemnifying the same – on a non-rescindable basis - as required by Operating Agreement. Employment Practices Liability with third party coverage extension, Crime and Fiduciary Liability must also be included at no less than \$1,000,000 per claim.

**Network Security & Privacy Liability Insurance** - \$1M per claim and in the aggregate covering statutory and civil liability arising out of a breach of confidential, private or sensitive data in the care, custody and control of the Development Partner.

**INSURANCE PREMIUM BENCHMARKING:**

To assist Development Partners, NYCHA has requested that its own insurance professionals provide the below benchmarks for basic insurance pricing during the operational (non-construction) phase of the project. Please note that the benchmarks provided below are for preliminary guidance only and NYCHA makes no guarantee that Development Partner will be able to achieve the pricing cited below.

Insurance pricing is influenced by the state of the insurance marketplace at the time of placement, as well as by the historical loss performance of the purchaser and prior owner, among other factors. The party which will procure insurance with respect to the Development must carefully review the above requirements and provide underwriting information to their insurance professional in order to obtain more accurate estimates – and actual quotes - of insurance costs.

**PROPERTY INSURANCE**

The anticipated range of rates for the Property Insurance required above is between \$0.07 and \$0.25 per \$100 of TIV. The lower end of the range may be achievable for property schedules that are largely Masonry Non-Combustible construction, have no prior losses, no high hazard flood exposure, **and assuming a deductible of at least \$50,000 to \$100,000**. Schedules that include considerable Joisted Masonry and/or Frame construction, properties situated in high hazard flood zones and properties with significant loss history may experience the higher end of the range.

**GENERAL LIABILITY / EXCESS LIABILITY INSURANCE**

The table below provides low/high range estimates by borough for Primary General Liability and \$25,000,000 Excess Liability per “door” **assuming a \$25,000 per occurrence deductible**. Notable influencers on liability rates include the historical loss experience of the Development itself and the incoming management team, the scope of construction/renovation, whether tenants will remain in place during that time, and local crime statistics and legal environment for that borough.

<b>Borough</b>	<b>Low Range Estimate per Door</b>	<b>High Range Estimate per Door</b>
Queens	\$629	\$1,200
Bronx	\$740	\$1,410
Brooklyn	\$680	\$1,297
Staten Island	\$555	\$1,059
Manhattan	\$629	\$1,200

**Please Note:**

The costs of the other required insurance policies (such as Workers Compensation or Auto Liability) **are not benchmarked above** due to variables related to actual Development Partner operations and strategy. Development Partners will need to estimate the costs for these types of policies based on their operating assumptions (e.g. payroll, use of vehicles, etc.).

# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/27/2018

**THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.**

<b>PRODUCER NAME</b>	PHONE (A/C, No, Ext): 203-658-0511	<b>COMPANY NAME AND ADDRESS</b>	NAIC NO: 29424
<b>CONTACT PERSON AND ADDRESS</b> Edgewood Partners Insurance Center 3 Landmark Square, 4th Floor Stamford CT 06901-2515		Hartford Casualty Ins. Co. Hartford Plaza Hartford CT 06115	
<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> rusty.briante@epicbrokers.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
<b>CODE:</b>	<b>SUB CODE:</b>	<b>POLICY TYPE</b>	
<b>AGENCY CUSTOMER ID #:</b>		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b>
<b>NAMED INSURED AND ADDRESS</b> ABC COMPANY 263 Tresser Blvd Stamford, CT 06901			PROP12345
		<b>EFFECTIVE DATE</b> 04/01/2018	<b>EXPIRATION DATE</b> 04/01/2019
		CONTINUED UNTIL TERMINATED IF CHECKED	
<b>ADDITIONAL NAMED INSURED(S)</b>		<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>	

**PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)    X BUILDING OR    BUSINESS PERSONAL PROPERTY**

<b>LOCATION / DESCRIPTION</b>
<p><b>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 EVIDENCE OF PROPERTY INSURANCE 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.</b></p>

<b>COVERAGE INFORMATION</b>		PERILS INSURED	BASIC	BROAD	SPECIAL	<input checked="" type="checkbox"/> All Risk
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$25,000,000		DED:				
		YES	NO	N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT:	<input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 24
BLANKET COVERAGE				<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?			<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE				<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)				<input checked="" type="checkbox"/>		
REPLACEMENT COST		<input checked="" type="checkbox"/>				
AGREED VALUE				<input checked="" type="checkbox"/>		
COINSURANCE				<input checked="" type="checkbox"/>	If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT:\$10,000,000	DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT:\$5,000,000	DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT:\$5,000,000	DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT:\$25,000,000	DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>				

**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.**

<b>ADDITIONAL INTEREST</b>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>CONTRACT OF SALE</td> <td>LENDER'S LOSS PAYABLE</td> <td><input checked="" type="checkbox"/> LOSS PAYEE</td> </tr> <tr> <td>MORTGAGEE</td> <td></td> <td></td> </tr> </table>	CONTRACT OF SALE	LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE	MORTGAGEE			<b>LENDER SERVICING AGENT NAME AND ADDRESS</b>          <b>AUTHORIZED REPRESENTATIVE</b>
CONTRACT OF SALE	LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> LOSS PAYEE					
MORTGAGEE							
<b>NAME AND ADDRESS</b>							
New York City Housing Authority ISAOA ATIMA c/o Risk Management Department 90 Church Street, 6th Floor New York NY 10007-2919							



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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Edgewood Partners Insurance Center		NAMED INSURED ABC COMPANY 263 Tresser Blvd Stamford, CT 06901	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS

NYCHA is named as Loss Payee as required by written contract currently in force.

All policies include a provision which endeavors to provide NYCHA with 30 days notice of cancellation, except 10 days for non-payment of premium.

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2018

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).

<b>PRODUCER</b> Edgewood Partners Insurance Center 3 Landmark Square, 4th Floor Stamford CT 06901-2515	<b>CONTACT NAME:</b> Rusty Briante <b>PHONE (A/C, No, Ext):</b> 203-658-0511 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> rusty.briante@epicbrokers.com														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : American Insurance Company</td> <td>21857</td> </tr> <tr> <td>INSURER B : Allied Insurance Company</td> <td>19100</td> </tr> <tr> <td>INSURER C : Allied World Assurance Company (U.S.)</td> <td>19489</td> </tr> <tr> <td>INSURER D : Zurich American Insurance Co</td> <td>16535</td> </tr> <tr> <td>INSURER E : Westchester Fire Insurance Co.</td> <td>21121</td> </tr> <tr> <td>INSURER F : XL Insurance America Inc.</td> <td>24554</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Insurance Company	21857	INSURER B : Allied Insurance Company	19100	INSURER C : Allied World Assurance Company (U.S.)	19489	INSURER D : Zurich American Insurance Co	16535	INSURER E : Westchester Fire Insurance Co.	21121	INSURER F : XL Insurance America Inc.
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<b>INSURED</b> ABC COMPANY 263 Tressor Blvd Stamford CT 06901	SAMPLE														

**COVERAGES**

CERTIFICATE NUMBER: 1900307025

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 <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 <input type="checkbox"/> OTHER:	Y	Y	GL12345	4/1/2018	4/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 250,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <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	Y	Y	AU12345	4/1/2018	4/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
F	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	UMB12345	4/1/2018	4/1/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	WC12345	4/1/2018	4/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Directors & Officers/Management Liability			D&O12345	4/1/2018	4/1/2019	Limit: \$5M/Per Claim
E	Pollution Legal Liability			POLL12345	4/1/2018	4/1/2019	Limit: \$10M/Per Claim

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

NYCHA is an Additional Insured as required by written contract currently in force.

Waiver of Subrogation applies to General Liability, Automobile and Workers' Compensation policies only to the extent of such obligation under written contract executed prior to loss.

The General Liability and Automobile policies apply on a Primary and Non-Contributory basis, where required by written contract.

The General Liability and Automobile policies include a Separation of Insureds provision.  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

New York City Housing Authority ISAOA ATIMA  
 c/o Risk Management Department  
 90 Church Street, 6th Floor  
 New York NY 10007-2919

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

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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Edgewood Partners Insurance Center		<b>NAMED INSURED</b> ABC COMPANY 263 Tressor Blvd Stamford CT 06901	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

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

All policies include a provision which endeavors to provide NYCHA with 30 days notice of cancellation, except 10 days for non-payment of premium.

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