



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/30/2024

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).

PRODUCER	CONTACT NAME:	INSURER(S) AFFORDING COVERAGE	NAIC #
	PHONE (A/C, No, Ext):		
INSURED THE PRO MOVERS LLC 20 MENAHAN STREET APT 1R BROOKLYN NY 11221	E-MAIL ADDRESS:		
	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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.

INS R 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						EACH OCCURRENCE \$ DAMAGE TO 5,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000
B	GEN'L AGGREGATE LIMIT APPLIES PER:	X	X		01/07/2024	01/07/2025	PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATES \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	<input checked="" type="checkbox"/> POLICY PROJECT LOC <input type="checkbox"/> OTHER:						COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$
C	AUTOMOBILE LIABILITY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X		12/30/2023	12/30/2024	PROPERTY DAMAGE (Per accident) \$
D	<input type="checkbox"/> UMBRELLA <input checked="" type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 0
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000	X	X		01/07/2024	01/07/2025	\$ 1,000,000
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OCCURANCE 0
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER OCCURANCE 0
D	Motor Truck Cargo	X	X		04/02/2023	04/02/2024	100000 0 100,000

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

DIVISION NAME: 1 MADISON, DIVISION LOCATION: 1 MADISON AVE / SELF INSURED RETENTION: \$0

Waiver of Subrogation applies in favor of: 1 MADISON RESIDENTIAL FEE LLC; 1 MADISON OFFICE FEE LLC; 1 MADISON OFFICE MEZZ A LLC; 1 MADISON OFFICE MEZZ B LLC; 1 MADISON OFFICE MEZZ C LLC; 1 MADISON OFFICE HOLDINGS LLC; SLG MADISON INVESTMENT LLC; SL GREEN REALTY CORP.; SL GREEN OPERATING PARTNERSHIP L.P.; SL GREEN MANAGEMENT LLC; SL GREEN MANAGEMENT CORP.; SL GREEN LEASING LLC, Tishman Construction Corporation of New York; and its respective parent companies, affiliates, related entities, corporations and/or partnerships and its owned, controlled, affiliated, associated and subsidiary companies, corporations, and/or partnerships and the respective agents,

CERTIFICATE HOLDER

CANCELLATION

CERTIFICATE HOLDER	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

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
POLICY NUMBER		THE PRO MOVERS LLC
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**

stockholders, directors and employees; and each of their successors and/or assigns; and each of their parents, subsidiaries and affiliates, and their respective officers, partners, members, managers, shareholders, directors, employees, agents, tenants, property managers, and representatives.