SAMPLE

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE: (MM/DD/YY)

PRODUCER

Insurance Company's Name

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Contractor's Name

COMPANIES AFFORDING COVERAGE

COMPANY A	Insurance Company A
COMPANY B	Insurance Company B
COMPANY C	Insurance Company C
COMPANY D	Insurance Company D

COVERAGES

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 DOCUMET 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY**					
	X COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	$2,000,000.00
	CLAIMS MADE [X] OCCUR	Add Policy Number	Add	Add	PRODUCTS COMP/OP AGG	$2,000,000.00
	OWNER'S & CONTRACTORS PROT				PERSONAL & ADV INJURY	$1,000,000.00
	X Contractual				EACH OCCURENCE	$1,000,000.00
					FIRE DAMAGE(Any one fire)	$300,000.00
					MED EXP (Any one person)	$10,000.00
B	**AUTOMOBILE LIABILITY**					
	ANY AUTO				COMBINED SINGLE LIMIT	$1,000,000.00
	X ALL OWNED AUTOS				BODILY INJURY (Per Person)	$
	SCHEDULED AUTOS	Add Policy Number	Add	Add		
	X HIRED AUTOS				BODILY INJURY (Per Person)	$
	X NON-OWNED AUTOS					
					PROPERTY DAMAGE	$
	GARAGE LIABILTIY					
	ANY AUTO				AUTO ONLY - EA ACCIDENT	$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
	EXCESS LIABILITY					
	X UMBRELLA FORM				EACH OCCURENCE	$10,000,000.00
		Add Policy Number	Add	Add	AGGREGATE	$10,000,000.00
	OTHER THAN UMBRELLA FORM					
						$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS / OTH-ER	
	THE PROPRIETOR/ PARTNERS/EXEC. OFFICERS ARE: [ ] INCL [ ] EXCL	Add Policy Number	Add	Add	EL ACCIDENT	$1,000,000.00
					EL DISEASE - POLICY LIMIT	$1,000,000.00
					EL DISEASE - EMPLOYEE	$1,000,000.00

OTHER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

ALL OPERATIONS OF INSURED AND LOCATIONS AS PER AGREEMENT OR CONTRACT ON BEHALF OF RECTOR, CHURCH-WARDENS AND VESTRYMEN OF TRINITY CHURCH IN THE CITY OF NEW YORK,TRINITY HUDSON HOLDINGS, LLC, TRINITY REIT, INC.,160/170 VARICK STREET CONDOMINIUM, AND THE TRUST FOR CULTURAL RESOURCES IN THE CITY OF NEW YORK WHICH ARE INCLUDED AS ADDITIONAL INSUREDS. THIS GENERAL LIABILITY INSURANCE IS PRIMARY TO ANY INSURANCE MAINTAINED BY THE PARISH OF TRINITY CHURCH WHICH INSURANCE IS SPECIFICALLY EXCESS AND NON-CONTRIBUTORY TO CONTRACTOR'S COVERAGE.

CERTIFICATE HOLDER:

The Rector, Church-Wardens and Vestrymen of
Trinity Church in the City of New York
75 Varick Street, 2nd Floor
New York, New York 10013

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY ~~WILL ENDEAVOR~~ TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE