

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 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	Insurnce Agent/Broker Name	CONTACT NAME:	
	Insurnce Agent/Broker Street Address or P.O. Box	PHONE (A/C, No, Ext):	FAX (A/C, No):
	Insurnce Agent/Broker City, State & Zip Code	E-MAIL ADDRESS:	
	Contact & Phone Number	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Name of Insurance Company	Enter NAIC#
		INSURER B : Name of Insurance Company (if Applicable)	Enter NAIC#
INSURED	Vendor/Client Name	INSURER C : Name of Insurance Company (if Applicable)	Enter NAIC#
	Vendor Street Address or P.O. Box	INSURER D : Name of Insurance Company (if Applicable)	Enter NAIC#
	Vendor City, State & Zip Code	INSURER E : Name of Insurance Company (if Applicable)	Enter NAIC#
		INSURER F : Name of Insurance Company (if Applicable)	Enter NAIC#

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.

INSR LTR	TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					Enter Policy Number	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE	\$ 2,000,000	
		<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000						
					MED EXP (Any one person)	\$ NA						
					PERSONAL & ADV INJURY	\$ 2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000						
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC		PRODUCTS - COMP/OP AGG	\$ 4,000,000						
	OTHER:				SIR	\$ 500,000						
	AUTOMOBILE LIABILITY						Enter Policy Number	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
	<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)				\$		
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS	BODILY INJURY (Per accident)	\$						
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)	\$						
	<input type="checkbox"/>					\$						
	<input type="checkbox"/>	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$		
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$		
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$					\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						Enter Policy Number	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N					E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below				<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
										E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

48 Wall, LLC, 48 Wall Management, LLC., Falcon Pacific Construction, LLC., Mac Donald 48 Wall, LLC., Metropolitan Life Insurance Company, Mikey Mike Entertainment, Inc, The Museum of American Finance, its successors and/or assigns, Cushman & Wakefield are Included as an Additional Insured in regards to General Liability solely with respect to claims arising out of Cushman & Wakefield U.S., Inc. acts while on the premises for Cushman & Wakefield U.S., Inc. operations with the Certificate Holder as required by written contact or agreement and where allowed by law. We waive any right of recovery we have against any person or organization when the Named Insured has agreed to such a waiver in a written contract executed prior to loss.

CERTIFICATE HOLDER

CANCELLATION

48 Wall LLC c/o Helmsley Spear, LLC 48 Wall Street Events Tardi Catering MMEink Mikey Mike Entertainment 444 Madison Avenue, New York, NY 10022	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