CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/01/2016

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			CONTAC T NAME:		
OMNI RISK MANAGEMENT			PHONE (A/C, No, Ext):	FAX (A/C, No):	
A division of Assured SKCG			E-MAIL ADDRESS		
Inc 308 West Main Street			INSURER(S) AFFORDING COVERAGE		NAIC #
Smithtown	NY	11787	INSURER A: United National Inc. Co		
INSURED			INSURER B: American Alternative Ins Corp		
			INSURER C: Travelers Excess & Surplus Lines C	So .	
			INSURER D: Atlantic Specialty Ins Co		
			INSURER E: Princeton Excess & Surplus Ins		
			INSURER F:		

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.

ISR TYPE OF INSURANCE				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY								EACH OCCURRENCE	\$ 1,000,000
COMMERCIAL GENERAL LIABILITY			_	N				DAMAGE TO RENTED PREMISES (Each occurrence)	\$ 300,000	
CLAIMS-MADE OCCUR				14				MED EXP (Any one person)	\$ 10,000	
Contractual Liability						04/04/2016	04/04/2017	PERSONAL & ADV INJURY	\$ 1,000,000	
					GENERAL AGGREGATE	\$ 2,000,000				
<u>Œ</u>		6 P	PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	PRO- JECT	L	OC						OOMBINED ONIOLE LIMIT	\$
	AUTOMOBILE LIABILITY			N	N				COMBINED SINGLE LIMIT (Each accident)	\$ 1,000,000
	44D/ 41/TO								BODILY INJURY (Per person)	\$
	ANY AUTO SCHEDULED ALL OWNED AUT AUTOS					04/04/2016	04/04/2017	BODILY INJURY (Per accident)	\$	
	OS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS									\$
	UMBRELLA LIAB			N	N				EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB	occ	UR				12/07/2015	12/16/2016	AGGREGATE	\$5,000,000
	DED RETENTION\$ 10,000		10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A	N		12/07/2015 12/07/2016		WC STATU- OTH TORY LIMITS -ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE			IVE					12/07/2016	E.L. EACH ACCIDENT	\$ 1,000,000
OFFICE/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		

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

CP Prop Management LLC, Capital Properties Services LLC as Agent for Owner, and Owner Trinity Centre LLC are named as Additional Insured-Managers or Lessors of Premises as provided within the Blanket Additional Insured Endorsement. Cancellation per policy provisions. Blanket Waiver of Subrogation applies with respect to the General Liability.

CERTIFICATE HOLDER	CANCELLATION			
CP Prop Management LLC as Agent for Trinity Centre LLC, Owner	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
111/115 Broadway New York NY 10006	AUTHORIZED REPRESENTATIVE			
New Tolk NT 10000				

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