



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/08/2015

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).

<b>PRODUCER</b> Alliant Insurance Services 320 West 57th Street, 3rd Floor New York, NY 10019	<b>CONTACT NAME:</b> Benjamin Faust	
	<b>PHONE (A/C, No, Ext):</b> 212-603-0225 <b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> bfaust@alliantinsurance.com	
<b>INSURED</b> Tutor Perini Building Corp. 360 West 31st Street, Suite 1102 New York, NY 10001	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> ACE American Insurance Co.	22667
	<b>INSURER B:</b> ACE Property & Casualty Insurance Co.	20699
	<b>INSURER C:</b> SEE ATTACHED	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			G24548843 004	9/30/2015	9/30/2016	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
B	UMBRELLA LIAB			XCQG24548855	9/30/2012	9/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A			WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE - EA EMPLOYEE \$
							E L DISEASE - POLICY LIMIT \$

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

The policy of insurance names the City of New York as additional insured and provides completed operations coverage

**CERTIFICATE HOLDER****CANCELLATION**City of New York Department of Buildings  
Attention: Licensing Unit  
280 Broadway, 6th Floor  
New York, NY 10007

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

Alliant Insurance Services

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ACORD 25 (2010/05)

The ACORD name and logo are registered marks of

DEPT BLDGS Job No. 121324290



Scan Code ESHS9606420

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

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



## ADDITIONAL REMARKS SCHEDULE

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AGENCY Alliant Insurance Services		NAMED INSURED Tutor Perini Building Corp. 360 West 31st Street, Suite 1102 New York, NY 10001	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Line of Coverage	Insurance Carrier	Policy Number	Effective Dates	Limit	
Excess Liability #2	Aspen Insurance UK Limited	B1217MLW120019	9/30/2012-9/30/2018	Occurrence:	\$10,000,000
				Aggregate:	\$10,000,000
Excess Liability #3	American Guarantee & Liability Insurance Co.	AEC583399000	9/30/2012-9/30/2018	Occurrence:	\$10,000,000
				Aggregate:	\$10,000,000
Excess Liability #4	Navigators Insurance Company	LA12FXS751128IV	9/30/2012-9/30/2018	Occurrence:	\$7.5M p/o \$15,000,000
				Aggregate:	\$7.5M p/o \$15,000,000
Excess Liability #5	Ironshore Indemnity, Inc.	1485900	9/30/2012-9/30/2018	Occurrence:	\$7.5M p/o \$15,000,000
				Aggregate:	\$7.5M p/o \$15,000,000
Excess Liability #6	Scottsdale Indemnity Company	XLI0004839	9/30/2012-9/30/2018	Occurrence:	\$7.5M p/o \$15,000,000
				Aggregate:	\$7.5M p/o \$15,000,000
Excess Liability #7	AXIS Insurance Company	MLU769864012012	9/30/2012-9/30/2018	Occurrence:	\$7.5M p/o \$15,000,000
				Aggregate:	\$7.5M p/o \$15,000,000
Excess Liability #8	Swiss Re International SE (SRI)	MH947111	9/30/2012-9/30/2018	Occurrence:	\$25,000,000
				Aggregate:	\$25,000,000
Excess Liability #9	Berkley National Insurance Company	CEX0960001400	9/30/2012-9/30/2018	Occurrence:	\$25,000,000
				Aggregate:	\$25,000,000