

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).

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PRODUCER	CONTACT Willis Towers Watson Certificate Center				
Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd	PHONE (A/C, No, Ext): 1-000-000-0000 FAX (A/C, No): 1-00		000-0000		
P.O. Box 305191	E-MAIL ADDRESS: certificates@willis.com	.com			
Nashville, TN 372305191 USA	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: ACE American Insurance Company		12345		
INSURED	INSURER B: Commerce & Industry Insurance	67890			
Name of Insured Inc. 2712 Santa Monica Blvd	INSURERC: Indemnity Insurance Company of	12345			
Santa Monica, CA 90404	INSURER D: ACE Fire Underwriters Insurance	67890			
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: V10000000 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		ADDL	SUBR		POLICY EFF	POLICY EXP					
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
A			HDO G72654778		07/01/2024	07/01/2025	MED EXP (Any one person)	\$	5,000		
		Y		HDO G72654778			PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000		
	OTHER:							\$			
А	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO						BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS			ISA Y73834649	07/01/2024	07/01/2025	BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
									\$		
В	X UMBRELLA LIAB X OCCUR		BE 251949525		07/01/2024	07/01/2025	EACH OCCURRENCE	\$	1,000,000		
	EXCESS LIAB CLAIMS-MADE			BE 251949525			AGGREGATE	\$	1,000,000		
1	DED RETENTION \$								\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY] N/A							X PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE			WLR U89746538	07/01/2024	07/01/2025	E.L. EACH ACCIDENT	\$	1,000,000		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)			WLR 089746538	07/01/2024	07/01/2025	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
	Employers' Liability										

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

CBRE Inc., and all related interests, One Hundred Towers L.L.C a Delaware limited liability company, and Entertainment Center L.L.C a Delaware limited liability company are included as Additional Insureds as respects to General Liability.

CERTIFICATE HOLDER	CANCELLATION			
CBRE, Inc., and all related interests 2049 Century Park East Suite 1950	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Los Angeles, CA 90067	AUTHORIZED REPRESENTATIVE			
	M.L.			

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BATCH: 0000000

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM C)

This Endorsement modifies Insurance provided under the following: **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

SCHEDULE

Name of Person or Organization: All persons or organizations where required by written contract.

(If no entry appears above, information required to complete this Endorsement will be shown in the Declarations as applicable to this Endorsement.)

WHO IS AN INSURED (Section III) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising of out of "your work" for that insured by or for you.

To the extent required contract, this policy will apply as primary insurance to additional insureds scheduled above and other insurance which may be available to such additional insured will be non-contributory.

Section IV, Condition 4 of the policy is amended accordingly.

All other Terms and Conditions of this Policy remain unchanged.