

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

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 | CONTACT NAME: PHONE (A/C, No, Ext) FAX (A/C, No) E-MAIL ADDRESS: _____ _____ _____ | | | | | | | | | | | | | | |
| INSURED Sample Certificate of Insurance – Moderate Risk | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURERS AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: (Insurer must have a rating of A or higher.)</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: (Insurer must have a rating of A or higher.) | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURERS AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: (Insurer must have a rating of A or higher.) | | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| 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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF DATE(MM/DD/YY) | POLICY EXP DATE(MM/DD/YY) | LIMITS | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|------------|---------------------|---------------------------|---------------------------|--|-------------------------------------|-------------------------|---|---------------------|------------------------------|--------------------|--------------------------------|---------------------|-------------------|---------------------|------------------------|---------------------|--|--|---------------------|---------------------------|--|--|--|---------------------|
| | GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR _____ _____ _____ GEN?L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>PRODUCTS-COMP/OP AGG</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> </table> | EACH OCCURRENCE | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | MED EXP (Any one person) | \$ | PERSONAL & ADV INJURY | \$ 1,000,000 | GENERAL AGGREGATE | \$ 2,000,000 | PRODUCTS-COMP/OP AGG | \$ 2,000,000 | | | | | | | | |
| EACH OCCURRENCE | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MED EXP (Any one person) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$ 2,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRODUCTS-COMP/OP AGG | \$ 2,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$</td> </tr> </table> | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | BODILY INJURY (Per person) | \$ | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | |
| COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE DED RETENTION \$ | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> </table> | EACH OCCURRENCE | \$ 5,000,000 | AGGREGATE | \$ 5,000,000 | | | | | | | | | | | | | | | | |
| EACH OCCURRENCE | \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="font-size: x-small;">WC STATU- ORY LIMITS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="font-size: x-small;">OTH- ER</td> <td></td> </tr> <tr> <td colspan="4">E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td colspan="4">EL DISEASE-EA EMPLOYEE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td colspan="4">EL DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table> | <input checked="" type="checkbox"/> | WC STATU- ORY LIMITS | <input type="checkbox"/> | OTH- ER | | E.L. EACH ACCIDENT | | | | \$ 1,000,000 | EL DISEASE-EA EMPLOYEE | | | | \$ 1,000,000 | EL DISEASE - POLICY LIMIT | | | | \$ 1,000,000 |
| <input checked="" type="checkbox"/> | WC STATU- ORY LIMITS | <input type="checkbox"/> | OTH- ER | | | | | | | | | | | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| EL DISEASE-EA EMPLOYEE | | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |
| EL DISEASE - POLICY LIMIT | | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | |

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

BPP STPCV LOWER REIT INC. AND ANY OF ITS SUBSIDIARIES; INCLUDING, WITHOUT LIMITATION, BPP ST OWNER LLC, BPP PCV OWNER LLC, AND STUYTOWN PROPERTY SERVICES; EMPIRE CORE GROUP LLC; AND ANY PERSON OR ENTITY THAT DIRECTLY OR INDIRECTLY OWNS ANY ECONOMIC OR OTHER INTEREST IN BPP STPCV LOWER REIT INC. AND ANY OF ITS SUBSIDIARIES; OR IN ANY SUCH PERSON OR ENTITY, INCLUDING ANY GENERAL PARTNERSHIP OR SIMILAR INTEREST IN ANY OF THE FOREGOING; AND ANY MANAGER OR PROPERTY MANAGER OF, OR LENDER TO, OR PERSON OR ENTITY OTHERWISE ENTITLED TO ACT ON BEHALF OF, ANY OF THE FOREGOING; AND ANY AFFILIATES, RELATED PERSONS, SUCCESSORS, ASSIGNS OR DIRECT OR INDIRECT OWNERS OF ANY OF THE FOREGOING have been included as an additional insured on the general liability policy.

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| CERTIFICATE HOLDER StuyTown Property Services Attn: Risk Management 276 First Avenue Loop New York, NY 10009 | CANCELLATION 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 |
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