

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 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): (A/C, No):							
			(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:							
			ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #							
			INSURER A:							
INSURED			INSURER B:							
			INSURER C:							
			INSURER D :							
			INSURER E :							
			INSURER F:							
		ATE NUMBER:	VE DEEN HOOVED TO		REVISION NUMBER:	OLIOV PERIOR				
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 S	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
GENERAL LIABILITY					EACH OCCURRENCE \$					
COMMERCIAL GENERAL LIABILITY	<u></u> -	_			DAMAGE TO RENTED PREMISES (Ea occurrence) \$					
CLAIMS-MADE OCCUR	ן ון				MED EXP (Any one person) \$					
					PERSONAL & ADV INJURY \$					
	1				GENERAL AGGREGATE \$					
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$					
POLICY X PRO- X LOC					\$					
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$					
ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person) \$					
AUTOS SUPERIOR NON-OWNED					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$					
HIRED AUTOS AUTOS					(Per accident)					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					\$					
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$					
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$					
DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER					
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		_								
OFFICE/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$					
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$					
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT 5					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC			Schedule, if more space is	required)						
The following are included as ADDITIONAL	INSUF	REDS:								
Empire State Realty Trust, Inc.										
Empire State Realty OP, L.P.										
ESRT 1359 Broadway, L.L.C.										
ESRT Management, L.L.C.										
CERTIFICATE HOLDER			CANCELLATION							
Empire State Realty Trust, In	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN									
1359 Broadway			ACCORDANCE WITH THE POLICY PROVISIONS.							
New York, NY 10018			<u></u>							
10010101010	AUTHORIZED REPRESENTATIVE									



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PRODUCER			CONTACT NAME: PHONE FAX								
			PHONE FAX (A/C, No, Ext): (A/C, No):								
			ADDRESS:								
			INSURER(S) AFFORDING COVERAGE			NAIC#					
			INSURER A:								
INSURED			INSURER B:								
			INSURER C:								
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					PERSONAL & ADV INJURY \$						
					GENERAL AGGREGATE \$						
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$						
POLICY X PRO- X LOC					\$						
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EXCESS LIAB CLAIMS-MADE					AGGREGATE \$						
DED RETENTION\$					WC STATU- OTH-						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER						
ANY PROPRIETOR/PARTNER/EXECUTIVE	I/A				E.L. EACH ACCIDENT \$						
(Mandatory in NH)	,				E.L. DISEASE - EA EMPLOYEE \$						
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$						
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