

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).

				22					
PRODUCER	CONTACT NAME: BHONE FAX								
	PHONE FAX (A/C, No. Ext): (A/C, No):								
	ADDRE	ADDRESS:							
				INSURER(S) AFFORDING COVERAGE NAIC					NAIC #
				INSURER A:					
INSURED				INSURER B:					
				INSURE	RC:				
				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 TYPE OF INSURANCE		SUBR		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
GENERAL LIABILITY	INSK	WVD	POLICI NOMBER		(mm/DD/TTTT)	(MM(DD/TTTT)	····	<u>.</u>	
COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	<u>\$</u> \$	
	l)						(·	
CLAIMS-MADE OCCUR							` ,	\$	
							-	\$	
								\$	
GEN'L AGGREGATE LIMIT APPLIES PER:								\$ \$	
1.02.01 3EC 300	-	 							
AUTOMOBILE LIABILITY	ı						Tan according	<u>\$</u>	
ANY AUTO ALL OWNED SCHEDULED	ĺ							\$	
AUTOS AUTOS NON-OWNED							000000000000000000000000000000000000000	\$	
HIRED AUTOS AUTOS							(Per accident)	\$	
	_							\$	
UMBRELLA LIAB OCCUR]					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION\$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N/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	\$	
	Γ								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The following are included as ADDITIONAL INSUREDS:									
Empire State Realty Trust, Inc. Empire State Realty OP, L.P. ESRT 1350 Broadway, L.L.C.									
ESRT Management, L.L.C.									
CERTIFICATE HOLDER				CANO	ELLATION	· ···· - · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Empire State Realty Trust, Ir	c.			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
New York, NY 10018	AUTHORIZED REPRESENTATIVE								



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).

			· ` '			2.5					
PRODUCER					CONTACT NAME: PHONE FAX						
					(A/C, No, Ext): (A/C, No):						
						ADDRESS:					
							URER(S) AFFOR	IDING COVERAGE	NAIC#		
INSURED						INSURER A:					
INSURED						INSURER B:					
						INSURER C:					
					INSURER D:						
					INSURER E : INSURER F :						
COVER	AGES CER	TIFIC	CATE	NUMBER:	INSURE	Kr:		REVISION NUMBER:			
					VE BEE	N ISSUED TO			ICY PERIOD		
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			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	ERAL LIABILITY	HISK	1			\	Immissiff 1111	EACH OCCURRENCE \$			
	COMMERCIAL GENERAL LIABILITY	_	<u> </u>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	CLAIMS-MADE OCCUR	J	1					MED EXP (Any one person) \$			
								PERSONAL & ADV INJURY \$			
								GENERAL AGGREGATE \$			
GEN	'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$			
	POLICY X PRO- JECT X LOC							\$			
AUTO	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$			
	ANY AUTO	•	ľ		i			BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$			
								\$			
	UMBRELLA LIAB OCCUR	Γ						EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE		ľ					AGGREGATE \$			
	DED RETENTION\$							\$			
	KERS COMPENSATION EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$			
(Man	datory in NH)		ľ					E.L. DISEASE - EA EMPLOYEE \$			
	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
		ı	!								
			L								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The following are included as ADDITIONAL INSUREDS:											
Empire S	tate Realty Trust, Inc.										
Empire State Realty OP, L.P.											
ESRT 1350 Broadway, L.L.C.											
ESRT Management, L.L.C.											
CERTIF	CATE HOLDER				CANCELLATION						
JERTIF	VATE TIVEDER		-		CANCELLATION						
GSL Enterprises								ESCRIBED POLICIES BE CANCEL			
·								EREOF, NOTICE WILL BE DE CYPROVISIONS.	LIVERED IN		
1350 Broadway											
New York, NY 10018						AUTHORIZED REPRESENTATIVE					



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 FAX (A/C, No, Ext): (A/C, No):					
			É-MAIL ADDRESS:						
					NAIC#				
				INSURER A:					
INSURED			INSURER B:						
			INSURER C:						
				INSURER D :					
			INSURER E :						
	,			INSURER F:					
		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 TYPE OF INSURANCE		SUBR				POLICY EXP (MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/TTTT)	EACH OCCURRENCE \$		
COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED		
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$		
CDAIMS-MADE OCCOR							PERSONAL & ADV INJURY \$		
		1							
]				
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC		i					PRODUCTS - COMP/OP AGG \$		
AUTOMOBILE LIABILITY	 	 					COMBINED SINGLE LIMIT		
	1	Į.					(Ea accident) \$ BODILY INJURY (Per person) \$		
ANY AUTO SCHEDULED							BODILY INJURY (Per accident) \$		
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE		
HIRED AUTOS AUTOS							(Per accident) \$		
Lucas III	-	_							
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE	4						AGGREGATE \$		
DED RETENTION \$ WORKERS COMPENSATION	-						WC STATU- OTH-		
AND EMPLOYERS' LIABILITY							TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N/A				İ		E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under					į		E.L. DISEASE - EA EMPLOYEE \$		
DESCRIPTION OF OPERATIONS below		<u> </u>					E.L. DISEASE - POLICY LIMIT \$		
	Γ								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101. Additional Remarks !	Schedule.	if more space is	required)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The following are included as ADDITIONAL INSUREDS:									
Empire State Realty Trust, Inc.									
Empire State Realty Trust OP, L.P.									
ESRT 1350 Broadway, L.L.C.									
ESRT Management, L.L.C.									
CERTIFICATE HOLDER				CANCELLATION					
ESRT 1350 Broadway, L.L.C) .			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
1350 Broadway			ACCORDANCE WITH THE POLICY PROVISIONS.						
New York, NY 10018			AUTHORIZED REPRESENTATIVE						