

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/XX

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 ABC Insurance Agency 1234 Broker Lane New York, NY 10895 Attn: Joe Agent Phone: (212) 441-6102 ext. 1234	CONTACT NAME: PHONE: (A/C, No. Exch): E-MAIL: ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Hartford Casualty Insurance Company</td> <td>29424</td> </tr> <tr> <td>INSURER B : Chubb National Insurance Company</td> <td>10052</td> </tr> <tr> <td>INSURER C : Travelers Casualty & Surety Company</td> <td>19038</td> </tr> <tr> <td>INSURER D : State Farm General Insurance Company</td> <td>25151</td> </tr> <tr> <td>INSURER E : American Guarantee & Liability Ins. Co</td> <td>26247</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hartford Casualty Insurance Company	29424	INSURER B : Chubb National Insurance Company	10052	INSURER C : Travelers Casualty & Surety Company	19038	INSURER D : State Farm General Insurance Company	25151	INSURER E : American Guarantee & Liability Ins. Co	26247	INSURER F :	
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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 5			000P98298-AI1	01/01/XX	01/01/XX	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 1,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000
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<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY																			
<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR																			
<input type="checkbox"/>																			
B	AUTOMOBILE LIABILITY 6			SKLS-029499S	01/01/XX	01/01/XX	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td>GARAGEKEEPERS (Ea accident)</td><td>\$ 1,000,000</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	GARAGEKEEPERS (Ea accident)	\$ 1,000,000		
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<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS																		
C	UMBRELLA LIAB 7			XL1234567	01/01/XX	01/01/XX	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr> <tr><td>DED</td><td>\$</td></tr> <tr><td>RETENTION \$ N/A</td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000	DED	\$	RETENTION \$ N/A	\$				
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<input checked="" type="checkbox"/> EXCESS LIAB																			
<input type="checkbox"/> CLAIMS-MADE																			
<input type="checkbox"/>																			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 10			A4145-SS-PJ37	01/01/XX	01/01/XX	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td><td></td></tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$ 500,000		E.L. DISEASE - EA EMPLOYEE	\$ 500,000		E.L. DISEASE - POLICY LIMIT	\$ 500,000	
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<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N																		
If yes, describe under DESCRIPTION OF OPERATIONS below																			
<input type="checkbox"/>																			
E	Other: 11			000P98298-AI1	01/01/XX	01/01/XX	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Each Occurrence & Aggregate</td><td>\$1,000,000 \$3,000,000</td></tr> </table>	Each Occurrence & Aggregate	\$1,000,000 \$3,000,000										
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Professional Liability																			

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

REFERENCE HOTEL: Brand, City, & State

ADDITIONAL INSURED: Marriott Marquis Houston, Houston Convention Center Hotels, Marriott International, Inc., and Marriott Hotel Services, Inc

WAIVER OF SUBROGATION: Above policies include a waiver of subrogation in favor of the additional insured entities listed.

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CERTIFICATE HOLDER Marriott Marquis Houston 1777 Walker St. Houston, TX 77010 Attn: Accounting <div style="text-align: right;">13</div>	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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DESCRIPTIONS (Continued from Page 1)

Layered Excess Limits & Policies

LAYER: 02

INSURER: American Guarantee & Liability Ins. Co

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NAIC: 26247

POLICY NUMBER: AEC 5833424-03

EFFECTIVE DATE: 01/01/XX

EXPIRATION DATE: 01/01/XX

LIMITS: \$5,000,000

TOTAL EXCESS LIMITS: \$10,000,000

HELPFUL HINTS IN REVIEWING CERTIFICATES OF INSURANCE

No.	Description	Definitions
1	Producer/Agent	Must include name, address and phone number. A contact name and email address is helpful.
2	Insured	The Insured's full name and address. Confirm that the Independent Contractor/Concessionaire on the Agreement matches the actual Named Insured on the certificate of insurance.
3	Insurers	Ritz-Carlton's coverage under an Independent Contractor/Concessionaire's insurance policy would be affected by the stability of the Independent Contractor/Concessionaire's insurer. Therefore, the insurers and their ratings should be verified in an "A.M. Best Key Rating Guide". Ritz-Carlton prefers receiving coverage from an insurer with a policy holder rating of "A-" or above and financial size rating of "VIII" or higher (to verify ratings, logon to www.ambest.com).
4	Policy Period	The "policy effective date" must be on or before the date that you will begin conducting business with the Independent Contractor/Concessionaire. If possible, renewal certificates should be obtained at least ten days prior to the "expiration date" of the policy.
5	Commercial General Liability	"Occurrence" box must be checked as opposed to "Claims- Made". Refer to the Agreement and Risk Management Guidelines for the minimum insurance requirements. The PER OCCURRENCE LIMIT is the actual insurance coverage amount, not the aggregate. The aggregate is the maximum annual payment by the insurance company.
6	Automobile Liability	If the "Any Auto" box is checked, no other boxes need to be marked. Otherwise, the "All Owned Autos", "Hired Autos", and "Non-Owned Autos" boxes must all be checked.
7	Garage Liability	Provides liability coverage for Independent Contractor/Concessionaire's that have unique automobile and liability coverage needs such as parking services, valet, etc. Valet Companies should also have Garagekeepers coverage.
8	Umbrella Liability	Umbrella form provides additional coverage above the primary limits for the commercial general liability and automobile liability insurance coverage. The per occurrence limit for the umbrella liability policy should be added to the per occurrence limit for the general liability to obtain the total limit of liability insurance.
9	Excess Liability	Excess liability provides additional coverage above the umbrella and primary limits for the commercial general liability and automobile liability insurance coverage. The per occurrence limit for the excess liability policy should be added to the per occurrence limit for the umbrella liability and general liability to obtain the total limit of liability insurance.
10	Worker's Compensation and Employer's Liability	Statutory worker's compensation limits are required of all Independent Contractor/Concessionaire's performing services - especially if they will be coming onto the hotel or residence premises.
11	Other Coverages	This section is used to provide basic policy information for other lines of coverage such as Professional Liability (Errors & Omissions), Pollution Liability, and Fidelity Insurance. Since Professional Liability Insurance and Pollution Insurance is issued on a claims-made basis, you need to ensure that the effective date of the policy is prior to the commencement date of the Agreement. The Independent Contractor/Concessionaire's Professional Liability Insurance Coverage should remain in force for at least 3-5 years after the termination of the Agreement.
12	Description of Operations / Locations / Vehicles / Special Items	Under this section Marriott International, Inc., the Management Entity and Owner Entity name (as they appear on the management agreement) need to be named as additional insureds . These entities have no contractual protection under an Independent Contractor/Concessionaire's insurance policy without being named as an additional insured. Check the Agreement or with the Law Dept., to verify the proper additional insured wording and correct legal entity names. This can also list Waiver of Subrogation language per the requirements of the Agreement.
13	Certificate Holder	The Hotel address and Director of Finance or General Manager information should be indicated in the Certificate Holder box.
14	ACCORD 25	An ACORD 25 is the standard industry 'liability' certificate of insurance form used by most insurers. Other forms are acceptable.