



**CERTIFICATE OF INSURANCE REQUIREMENTS
POINTE PLAZA**

Please fax a copy of the Certificate of Insurance to Judy Tovio-Manning via fax at (248) 746-6000 or email to toviomanning@schostak.com. The original Certificate can be mailed to the Certificate Holder:

CERTIFICATE HOLDER: **Pointe Plaza Development LLC
and Schostak Brothers & Company, Inc.**
19251 Mack Avenue, Suite 90
Grosse Pointe Woods, MI 48236

The Certificate Holder needs to be listed as additional insured.

The Certificate of Insurance needs to state current policies of insurance in effect for Commercial Liability on an occurrence basis and including contractual coverage, in an amount not less than \$2,000,000. In addition, the Certificate shall show current policies of insurance in effect for automobile liability and Workers' Compensation, and shall provide for thirty days written notice of cancellation or nonrenewal to Owner and Owner's Agent.

If you have any questions, please do not hesitate to call me at (248) 849-9504. Thank you in advance for your cooperation.

Sincerely,

SCHOSTAK BROTHERS & CO., INC.
Managing Agent for Pointe Plaza Development LLC

Judy Tovio-Manning
Assistant Property Manager