



**CERTIFICATE OF INSURANCE REQUIREMENTS  
LAUREL PARK OFFICE**

Please fax a copy of the Certificate of Insurance to Judy Tovio-Manning via fax at (248) 849-746-6006 or via email to [toviomanning@schostak.com](mailto:toviomanning@schostak.com). The original Certificate should be mailed to the Certificate Holder:

**CERTIFICATE HOLDER:**                      **Newburgh/Six Mile Limited Partnership II  
and Schostak Brothers & Company, Inc.  
17800 Laurel Park Drive North, Suite 200C  
Livonia, MI 48152**

**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 Newburgh/Six Mile Limited Partnership II

Judy Tovio-Manning  
Assistant Property Manager