



**CERTIFICATE OF INSURANCE REQUIREMENTS
MACCABEES CENTER**

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

CERTIFICATE HOLDER: **Maccabees Center Limited Partnership
and Schostak Brothers & Company, Inc.**
25800 Northwestern Highway
Suite L-01
Southfield, MI 48075

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,

SHOSTAK BROTHERS & CO., INC.
Managing Agent for Maccabees Center Limited Partnership

Judy Tovio-Manning
Assistant Property Manager