# EXHIBIT E
# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

**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 CONSTITUE 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:** |
|---|---|
| SAMPLE | **PHONE (A/C, NO. EXT):** **FAX (A/C, NO):** |
| | **E-MAIL ADDRESS:** |
| | **INSURERS AFFORDING COVERAGE** |
| | INSURER A: |
| INSURED | INSURER B: |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|
| | **GENERAL LIABILITY** | | | | EACH OCCURRENCE | **$1,000,000** |
| | **X** Commercial General Liability | | | | FIRE DAMAGE (Any one fire) | $1,000,000 |
| | Claims Made / X Occur | | | | MED EXP (Any one person) | $5,000 |
| | | | | | PERSONAL & ADV INJURY | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | GENERAL AGGREGATE | $2,000,000 |
| | ☐ POLICY ☐ PRO JECT ☐ LOC | | | | PRODUCTS – COMP/OP AGG | $2,000,000 |
| | **AUTOMOBILE LIABILITY** | | | | COMBINED SINGLE LIMIT (Ea Accident) | |
| | ANY AUTO | | | | BODILY INJURY (Per person) | |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | |
| | SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | |
| | HIRED AUTOS | | | | | |
| | NON-OWNED AUTOS | | | | | |
| | **GARAGE LIABILITY** | | | | AUTO ONLY – EA ACCIDENT | $ |
| | ANY AUTO | | | | OTHER THAN EA ACC | **$** |
| | | | | | AUTO ONLY: AGG | $ |
| | **EXCESS LIABILITY___ UMBRELLA LIABILITY___** | | | | EACH OCCURRENCE | **$2,000,000** |
| | **X** OCCUR ☐ CLAIMS MADE | | | | AGGREGATE | $2,000,000 |
| | DEDUCTIBLE | | | | | $ |
| | RETENTION $ | | | | | $ |
| | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y/N___ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below** | | | | X / WC STATU-TORY LIMITS / OTH-ER | |
| | | | | | E.L. EACH ACCIDENT | $1,000,000 |
| | | | | | E.L. DISEASE – EA EMPLOYEE | $1,000,000 |
| | | | | | E.L. DISEASE – POLICY LIMIT | $1,000,000 |
| | **OTHER** Builders Risk Property Insurance | | | | Value of leasehold improvements 80% value of trade fixtures and equipment | |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

**Wilmorite Construction, LLC, Genesee Management, Inc., Wilmorite Management Group, LLC, Eastview Mall, LLC, Rochester Malls, LLC, Ontario County Industrial Development Agency, and Wilmorite Security, LLC and all its affiliates are included as additional insured as their interests may appear.**

| **CERTIFICATE HOLDER** ADDITIONAL INSURED; INSURER LETTER: __X__ | **CANCELLATION** |
|---|---|
| **Eastview Mall, LLC**<br>**1265 Scottsville Road**<br>**Rochester, NY 14624** | 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 |