



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
MM/DD/YYYY

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).

<b>PRODUCER</b> Broker Address 1 Address 2 City, State Zip	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Contractor Name Address 1 Address 2 City, State Zip	<b>INSURER A:</b> Insurance Company A		
	<b>INSURER B:</b> Insurance Company B		
	<b>INSURER C:</b> Insurance Company C		
	<b>INSURER D:</b> Insurance Company D		
	<b>INSURER E:</b> Insurance Company E		
	<b>INSURER F:</b> Insurance Company F		

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			Y	Y	Policy #	Effective	Expiration	EACH OCCURRENCE		\$	1,000,000			
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	300,000			
	<input type="checkbox"/>									MED EXP (Any one person)		\$				
	<input type="checkbox"/>									PERSONAL & ADV INJURY		\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE		\$	2,000,000			
	<input type="checkbox"/>	POLICY	<input checked="" type="checkbox"/>	PRO-JECT						<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG		\$	2,000,000	
	<input type="checkbox"/>	OTHER:										\$				
B	AUTOMOBILE LIABILITY				Y	Y	Policy #	Effective	Expiration	COMBINED SINGLE LIMIT (Ea accident)		\$	1,000,000			
	<input checked="" type="checkbox"/>	ANY AUTO		<input type="checkbox"/>						SCHEDULED AUTOS	BODILY INJURY (Per person)		\$			
	<input type="checkbox"/>	ALL OWNED AUTOS									BODILY INJURY (Per accident)		\$			
	<input checked="" type="checkbox"/>	HIRED AUTOS		<input checked="" type="checkbox"/>						NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)		\$			
	<input type="checkbox"/>			<input type="checkbox"/>									\$			
C	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR	Y	Y	Policy #	Effective	Expiration	EACH OCCURRENCE		\$	2,000,000		
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE						AGGREGATE		\$	2,000,000		
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$10,000									\$			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N/A	Y	Policy #	Effective	Expiration	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)													E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below													E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
														E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Please refer to Section 13 of the Purchase Order Terms & Conditions along with the attached Additional Remarks Schedule.

The insurance requirements in this sample certificate have been prepared solely for your convenience and should not be construed as an exact and binding analyses. In the event of any discrepancies or questions with regard to insurance requirements, the Purchase Order Terms & Conditions shall prevail. It is your responsibility to carefully review all insurance requirements outlined in Section 13 of the Purchase Order.

## CERTIFICATE HOLDER

## CANCELLATION

MGM Resorts International Global Procurement Department 950 Grier Dr. Las Vegas, NV 89119 Email: purchasingcustomerservice@mgmresorts.com	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  Signature of Broker



## ADDITIONAL REMARKS SCHEDULE

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AGENCY  POLICY NUMBER See Page 1  CARRIER See Page 1		NAMED INSURED   NAIC CODE See Page 1  EFFECTIVE DATE: See Page 1
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### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

All insurance maintained by Vendor and its subcontractor(s) shall name the Owner Indemnitees as additional insureds for both ongoing and completed operations (except the Workers' Compensation policy).

Owner Indemnitees = Purchaser, MGM Resorts International, and its parents, subsidiaries, partnerships, joint ventures and other affiliates, Blue Tarp reDevelopment LLC, MGM Springfield reDevelopment LLC, MGM Springfield LLC, MGM Growth Properties LLC and their respective subsidiaries, affiliates, parent companies and their respective members, officers, directors, managers, employees, agents, shareholders, successors and assigns, heirs, administrators, and personal representatives (collectively, "Owner Indemnitees") (refer to Section 12 of the Purchase Order).

The Commercial General Liability Insurance policy shall include contractual liability coverage for the indemnity provisions contained herein. The Commercial General Liability and Umbrella/Excess liability insurance policy(s) shall include no exclusions or limitations in coverage for punitive damages, abuse/molestation and assault & battery.

Vendor and its subcontractor(s) policies of insurance shall be primary to any insurance coverage maintained by the Owner Indemnitees which shall be excess and non-contributory.

All policies of insurance maintained by Vendor and its subcontractor(s) shall include waivers of subrogation by the insurers in favor of the Owner Indemnitees.

Each certificate shall include a provision requiring the insurance carrier and/or Vendor and its subcontractor(s) to provide directly to:

MGM Resorts International Global Procurement Department, at 950 Grier Dr., Las Vegas, NV 89119 and via email at [purchasingcustomerservice@mgmresorts.com](mailto:purchasingcustomerservice@mgmresorts.com), thirty (30) days advance written notice before any termination, cancellation, or other material change to the policies shown on the certificate takes effect, regardless of whether such action was initiated by Vendor its subcontractor(s), other insured or the insurance carrier.

The insurance requirements in this sample certificate have been prepared solely for your convenience and should not be construed as an exact and binding analyses. In the event of any discrepancies or questions with regard to insurance requirements, the Purchase Order Terms & Conditions shall prevail. It is your responsibility to carefully review all insurance requirements outlined in Section 12 of the Purchase Order.