



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2017

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 have **ADDITIONAL INSURED** provisions or 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 Beecher Carlson Insurance Services 6 Concourse Parkway, Suite 2300 Atlanta, GA 30328  www.beechercarlson.com	CONTACT NAME: (ATL) Judith Boich	FAX (A/C, No): 770.870.3031	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS: jboich@beechercarlson.com	
INSURED Marriott International, Inc. & Subsidiaries Attn: Risk Management Dept. 52/924.36 (Insurance) 301-380-5685 10400 Fernwood Road Bethesda MD 20817	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: AIG Specialty Insurance Company		26883
	INSURER B: National Union Fire Ins Co of Pittsburgh, PA		19445
	INSURER C: New Hampshire Insurance Co.		23841
	INSURER D: Ace Property & Casualty Insurance Co.		20699
	INSURER E:		
INSURER F:			

## COVERAGES

CERTIFICATE NUMBER: 38000272

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.

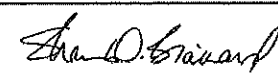
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability <input checked="" type="checkbox"/> \$500,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:		GL 6939022	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 4,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 4,500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 4,500,000 GENERAL AGGREGATE \$ 7,500,000 PRODUCTS - COMP/OP AGG \$ 4,500,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		AL 4400152 - AOS (Excluding MA, VA) AL 4400153 - VA AL 4400154 - MA	10/1/2017	10/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ N/A		XOO G2790564A 003  Prod-Comp Ops Agg \$15M	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 120,000,000 Per Loc Aggregate \$ 15,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC 086326376 (AOS) (See Attachment)	10/1/2017	10/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
C	Workers Compensation		See Attachment for Additional Policies	10/1/2017	10/1/2018	See Attachment Details

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

Atlanta Marquis Marriott 265 Peachtree Center Avenue Atlanta GA 30303 ID:33790  
 CCHM, Atlanta Marquis LLC, Black Diamond BGWB14, Inc. are Additional Insureds as respects General Liability, where required by written contract.  
 Total Umbrella Limit: \$100 Million

## CERTIFICATE HOLDER

## CANCELLATION

Atlanta Marriott Marquis Attn: Director of Finance 265 Peachtree Center Avenue Atlanta GA 30306	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  Sharon D. Brainard
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# CERTIFICATE LAYERED EXCESS LIMITS

DATE ISSUED  
9/26/2017

**AGENCY / PRODUCER:**  
Beecher Carlson Insurance Services  
6 Concourse Parkway, Suite 2300  
Atlanta, GA 30328

**CERTIFICATE HOLDER:**  
Atlanta Marriott Marquis  
Attn: Director of Finance  
265 Peachtree Center Avenue  
Atlanta GA 30306

LAYER	INSURER	NAIC	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	TOTAL EXCESS LIMITS
02*	AIG Europe Limited		62785239	10/1/2017	10/1/2018	\$15,000,000	\$30,000,000
03*	American Guarantee & Liability Ins. Co.	26247	AEC 5833424-05	10/1/2017	10/1/2018	\$20,000,000	\$50,000,000
04*	Ironshore Europe Ltd.		B0180/PN1700920	10/1/2017	10/1/2018	\$50,000,000	\$100,000,000

\* Policy General Aggregate is eight (8) times the Occurrence Limit  
 \*\* Policy General Aggregate is four (4) times the Occurrence Limit  
 \*\*\* Policy General Aggregate is two (2) times the Occurrence Limit

## **Attachment to Marriott International, Inc. Certificate of Insurance**

### **DESIGNATION OF ADDITIONAL INSUREDS**

It is agreed that, with respect to the insurance afforded by any policy listed on this certificate, the provisions of the policy designating who is insured thereunder have been amended to include any person or organization, the "Additional Insured", for whom the Named Insured agrees in writing to procure liability insurance, provided:

- a) The coverage and limits of liability afforded to such "Additional Insured" apply only to the extent required by the agreement, but in no event for coverage not afforded by the policy, not for limits of liability greater than the insurer's liability stated in the policy declarations;
- b) The inclusion of more than one insured shall not increase the limits of the insurer's liability; and
- c) The designation hereunder of the "Additional Insured" as an insured shall be null and void during the term of any separate liability insurance policy not listed herein and procured by the Named Insured for such "Additional Insured".

TYPE/STATES COVERED	CARRIER	POLICY NO.	COVERAGES
<b>WORKERS COMPENSATION</b>			
<b>SELF-INSURED SPECIFIC EXCESS POLICY</b> AL,AR,AZ,CT,DC,DE,GA,HI,IA,IL,IN,KY,LA,MD,MI,MO,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SC,TN,WA,WV	National Union Fire Insurance Company of Pittsburgh, PA	XWC 6583184	W.C. Statutory each EE for Disease W.C. Statutory each Accident Employers Liability: \$2,500,000 -Each Accident \$2,500,000 -Each Employee/Disease \$2,500,000 -Aggregate/Disease \$ 500,000 -Self Insured Retention
<b>SELF-INSURED SPECIFIC EXCESS POLICY</b> FL	National Union Fire Insurance Company of Pittsburgh, PA	XWC 6583185	W.C. Statutory each EE for Disease W.C. Statutory each Accident Employers Liability: \$2,000,000 -Each Accident \$2,000,000 -Each Employee/Disease \$2,000,000 -Aggregate/Disease \$1,000,000 -Self Insured Retention
<b>NORTH CAROLINA Self - Insured Specific/Agg Excess Policy – Workers' Compensation and Employer's Liability</b>	National Union Fire Insurance of Pittsburgh, PA	XWC 6583186	Statutory – Workers' Comp/Employers Liability: \$ 2,500,000 -Each Accident \$ 2,500,000 -Each Employee/Disease \$ 2,500,000 -Aggregate/Disease \$10,000,000 -Aggregate Excess \$ 5,000,000 -Aggregate Retention \$ 500,000 -Self Insured Retention
<b>SELF-INSURED SPECIFIC EXCESS POLICY</b> CA	National Union Fire Insurance Company of Pittsburgh, PA	XWC 6583187	W.C. Statutory each EE for Disease W.C. Statutory each Accident Employers Liability: \$2,500,000 -Each Accident \$2,500,000 -Each Employee/Disease \$2,500,000 - Aggregate/Disease \$ 500,000 -Self Insured Retention
<b>INSURED STATES</b> AL,AR,CO,CT,DC,DE,IA,ID,IN,KS,MD,MI,MN,MO,MT,NE,NV,NY,RI,SD,TN,TX,WV	New Hampshire Insurance Company	WC 086326376	Statutory Workers' Comp/Employers Liability: \$3,000,000 -Each Accident \$3,000,000 -Each Employee/Disease \$3,000,000 -Aggregate/Disease
<b>INSURED STATES</b> IL,KY,NC,NH,NJ,PA,UT,VA,VT	New Hampshire Insurance Co.	WC 086326377	Statutory Workers' Comp/Employers Liability \$3,000,000 -Each Accident \$3,000,000 -Each Employee/Disease \$3,000,000 -Aggregate/Disease
<b>INSURED STATES</b> MA	Insurance Co of The State of PA	WC 086326378	Statutory Workers' Comp/Employers Liability \$3,000,000 -Each Accident \$3,000,000 -Each Employee/Disease \$3,000,000 -Aggregate/Disease
<b>INSURED STATE</b> ME	New Hampshire Insurance Co.	WC 086326379	Statutory Workers' Comp/Employers Liability \$3,000,000 -Each Accident \$3,000,000 -Each Employee/Disease \$3,000,000 -Aggregate/Disease
<b>INSURED STATE</b> FL	New Hampshire Insurance Co.	WC 086326380	Statutory Workers' Comp/Employers Liability \$3,000,000 -Each Accident \$3,000,000 -Each Employee/Disease \$3,000,000 -Aggregate/Disease
<b>INSURED STATES</b> OH, WI, WY	New Hampshire Insurance Co.	WC 086326381	Statutory Workers' Comp (if applicable) Employers Liability \$3,000,000 -Each Accident \$3,000,000 -Each Employee/Disease \$3,000,000 -Aggregate/Disease

TYPE/STATES COVERED	CARRIER	POLICY NO.	COVERAGES
<b>GENERAL LIABILITY</b>			
Texas Employer's Indemnity (Non-Subscriber)	Illinois National Insurance Co.	GL 6939019	(a) Associate Injury Benefit Plan per Plan Benefit (b) Employers' Liability: \$2,000,000 -Each Accident \$2,000,000 -Each Employee/Disease \$2,000,000 -Aggregate/Disease \$1,000,000 -Retention
USVI General Liability	AIG Insurance Company of Puerto Rico	GL 005-1002250	\$5,000,000 – Each Occurrence \$5,000,000 – Personal & Advertising Injury \$7,500,000 – General Aggregate \$5,000,000 – Products Comp/Op Agg
<b>AUTO LIABILITY</b>			
USVI	AIG Insurance Company of Puerto Rico	AL 201-1002201	Automobile Liability: \$2,000,000 Limit & GKLL \$3,000,000 Limit