

MOVE-OUT FORM

Name of Company: _____

Date of Move: _____

Certificate of Insurance showing evidence of insurance, in the name of the moving company, for Workers' Compensation, Public Liability with limits of \$5,000,000 per occurrence, and Property Damage with limits of \$5,000,000 per occurrence.

Certificate of Insurance must list the following as Additional Insureds:

900 Third Avenue, L.P., 900 Third GP, LLC, its General Partner, Landesbank Baden Wurttemberg (LBBW), Paramount Group, Inc., Paramount Group Operating Partnership LP, Paramount Group Management GP, LLC, its Successors and/ or Assigns are included as Additional Insured's with respect to the Insured's operations at 900 Third Avenue, New York, NY with the coverage outlined above primary to any other valid and collectible insurance.

Identifying the Certificate Holder as:

Paramount Group, Inc.

900 Third Avenue

New York, New York 10022

Forwarding Address:
