

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/02/2015

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).

certificate holder in fieu of such endorsement(s).									
PRODUCER		CONTACT NAME:							
Insurance Agency		(A/C, No, Ex	John Jones phone: 909-999-9999 john.jones@insurance.com						
Address		E-MAIL ADDRESS:							
Phone / Fax			INSURER(S) AFFORDING COVERAGE						
		INSURER A :							
INSURED		INSURER B :	List Insurers Here						
Vendor Name		INSURER C :	Each must have an AM Best rating						
Address		INSURER D :	of A-; VIII or better						
		INSURER E :	of A-, vill of better						
		INSURER 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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	's
А	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR	**	*				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	s \$1,000,000 s s s s s \$2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$
В	ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS NON-OWNED AUTOS	**	**	If contracted work require vehicle.	res use of a		COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$1,000,000 \$ \$ \$ \$
С	UMBRELLA LIAB EXCESS LIAB  DED  RETENTION \$	*	*	Umbrella limit may differ based	on contracted	d work.	EACH OCCURRENCE AGGREGATE	s Up to \$10 M s Up to \$10 M
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	*				WC STATU- TORY LIMITS  E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	s \$100,000 s \$100,000 s \$100,000
I								

## SAMPLE SERVICE CONTRACT COI

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

This MUST list (1) HCP, Inc. (2) Holladay Properties Midewest, Inc. as additional insured as respects to general liability, automobile liability, umbrella/excess liability insurances, and (3) 1860 Town Center Drive, Reston, Virginia 20190. If vendor has contract with more than one building then the vendor can list all addresses here.

Note: A waiver of subrogation in favor of building owner is required.

CANCELLATION

	HCP, Inc. c/o Holladay Properties Services Midwest, Inc. 1508 Elm Hill Pike	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ı	Suite 100	AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

Nashville, TN 37210

**CERTIFICATE HOLDER** 

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