



CERTIFICATE OF LIABILITY INSURANCE

DATE (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).

<p>PRODUCER</p> <div style="border: 2px solid blue; border-radius: 15px; padding: 10px; text-align: center; font-size: 1.2em; color: blue; font-weight: bold;">Insurance Agency and Address</div>	<p>CONTACT NAME:</p> <p>PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____</p> <p>E-MAIL ADDRESS: _____</p> <p style="text-align: center;">INSURER(S) AFFORDING COVERAGE NAIC #</p>
<p>INSURED</p> <div style="border: 2px solid green; border-radius: 15px; padding: 10px; text-align: center; font-size: 1.2em; color: green; font-weight: bold;">Vendor Name and Address</div>	<p>INSURER A :</p> <p>INSURER B :</p> <p>INSURER C :</p> <p>INSURER D :</p> <p>INSURER E :</p> <p>INSURER F :</p> <div style="border: 2px solid black; border-radius: 15px; padding: 10px; text-align: center; font-weight: bold; margin-top: 10px;"> List Insurers Here. Each must have an AM Best rating of A-; VIII or better. </div>

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

SAMPLE VENDOR COI

Please review contract for umbrella limits.

May be required per the contract to the extent required by law.

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

This area must list **Healthpeak Medical Office Properties, Inc. as well as its subsidiaries and affiliates, Holladay Properties Services Midwest, Inc. and MOB 14 of Florida, LLC** as additional insured as respects to general liability, auto liability, umbrella/excess liability insurances. Regarding properties **0610 - Oak Medical Plaza 1 and 0609- Oak Medical Plaza 2**

SUBROGATION IN FAVOR OF BUILDING OWNER, MANAGEMENT COMPANY, and LANDLORD
 MAY BE REQUIRED ON POLICIES PER THE CONTRACT.

CERTIFICATE HOLDER **CANCELLATION**

<div style="border: 2px solid black; border-radius: 15px; padding: 10px;"> <p>Healthpeak Medical Office Properties, Inc. (including Subsidiaries & Affiliates) c/o Holladay Properties Services Midwest, Inc. 2710 Old Lebanon Rd, Suite 5 Nashville, TN 37214</p> </div>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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