



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Please note that this is to be used as a sample certificate of insurance ONLY, and in no way supercedes the language in the lease. Review the lease language with your insurance carrier to ensure that you have the appropriate policies and limits.

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).

PRODUCER		CONTACT NAME:	
Insurance Agency and Address		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A :	
Tenant Name and Address include all suite numbers		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

List Insurers Here.
Each must have an AM Best rating of A-; IX or better

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			May be required per lease.			DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ \$2,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO			SAMPLE TENANT COI			BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/> OCCUR				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		<input type="checkbox"/> CLAIMS-MADE				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		<input checked="" type="checkbox"/>			E.L. EACH ACCIDENT \$ \$500,000
							E.L. DISEASE - EA EMPLOYEE \$ \$500,000
							E.L. DISEASE - POLICY LIMIT \$ \$500,000
C	Commercial Property Insurance						Limits based on contents within building. Against loss or damage by fire and other risks insurable under "special coverage" policies.

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

This area must list (1) MOB 11 of Florida 2) Healthpeak Medical Office Properties (3) Holladay Properties Services Midwest, Inc. as additional insured as respects to general liability, auto liability, umbrella/excess liability insurances, and IF TENANT HAS LEASES WITH MORE THAN ONE ADDRESS FOR THE SAME PARENT COMPANY, THEN THE TENANT CAN LIST ALL ADDRESSES HERE. NOTE: A WAIVER OF SUBROGATION IN FAVOR OF BUILDING OWNER, MANAGEMENT COMPANY, and LANDLORD MAY BE REQUIRED ON POLICIES PER THE LEASE. PLEASE VERIFY BY REVIEWING THE LEASE LANGUAGE

CERTIFICATE HOLDER	CANCELLATION
Healthpeak Medical Office Properties c/o Holladay Properties Services Midwest, Inc. 2710 Old Lebanon Rd, Suite 5 Nashville, TN 37214	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