

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).

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PRODUCER		CONTACT NAME:		
	Insurance Agency and Address	PHONE (A/C, No, Ext):	FAX (A/C, No):	
		E-MAIL ADDRESS:		
			INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A :		
INSURED	ED		List Insurers Here.	
	Vendor Name and Address	INSURER C :	Each must have an AM Best rating	
		INSURER D :		
		INSURER E :	of A-; VIII or better.	
		INSURER F :		

COVERAGES

CERTIFICATE 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. POLICY EFF POLICY EXP ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSR WVD \$ \$1,000,000 **GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) \$ CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ POLICY \$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SAMPLE VENDOR COI SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS В BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ HIRED AUTOS AUTOS \$ UMBRELLA LIAB up to \$10M OCCUR EACH OCCURRENCE \$ Please review contract for umbrella limits. **EXCESS LIAB** up to \$10M CLAIMS-MADE **AGGREGATE** DED RETENTION \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY May be required per the lease to the extent \$1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT required by law. \$1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below \$1,000,000 E.L. DISEASE - POLICY LIMIT

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

This area must list Healthpeak Properties, Inc., and Holladay Properties Services Midwest, Inc. as additional insured as respects to general liability, auto liability, umbrella/excess liability insurances, and (4) 0240-HCP Medical Office Buildings II, LLC, 0300-Healthpeak Properties, Inc., 3002-Burnsville 303 MOB, LLC, 3003-Burnsville 305 MOB, LLC, 3009-TCO Burnsville MOB, LLC. I F TENANT HAS LEASES WITH MORE THAN ONE ADDRESS FOR THE SAME PARENT COMPANY, THEN THE TENANT CAN LIST ALL ADDRESSES OR SUITES 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

Healthpeak Medical Office Properties, Inc. (including Subsidiaries & Affiliates c/o Holladay Properties Services Midwest, Inc. 910 E 26th Street, Ste 115

Minneapolis, MN 55404

CANCELLATION

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