



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 contract. Review the contract 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 <div style="border: 2px solid blue; border-radius: 15px; padding: 10px; text-align: center; font-size: 1.2em;">Insurance Agency and Address</div>	CONTACT NAME: PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE _____ NAIC # _____	
INSURED <div style="border: 2px solid green; border-radius: 15px; padding: 10px; text-align: center; font-size: 1.2em;">Tenant Name and Address include all suite numbers</div>	INSURER A : _____	
	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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	<div style="border: 2px solid blue; border-radius: 15px; padding: 5px; display: inline-block;">May be required per lease.</div>			EACH OCCURRENCE \$ \$1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ \$2,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> X	<div style="border: 2px solid blue; border-radius: 15px; padding: 5px; display: inline-block;">May be required per the lease to the extent required by law.</div>			WC STATUTORY LIMITS \$
			OTHER \$				
			E.L. EACH ACCIDENT \$ Up to \$1M				
			E.L. DISEASE - EA EMPLOYEE \$ Up to \$1M				
							E.L. DISEASE - POLICY LIMIT \$ Up to \$1M
							\$

SAMPLE TENANT COI

Proof of business personal property is required per section 7.3 of the lease.

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. IF 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 <div style="border: 2px solid black; border-radius: 15px; padding: 10px;"> Healthpeak Properties, Inc. c/o Holladay Properties Services Midwest, Inc. 611 Watkins Centre Parkway, Suite 310 Midlothian, Virginia 23114 </div>	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 _____
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