

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 endor

certificate fioract in fied of such chaof sement(s).					
PRODUCER		CONTACT NAME:			
Insurance Agency)	PHONE (A/C, No, Ext	John Jones phone: 909-999-9999 john.jones@insurance.com		
Address		E-MAIL ADDRESS:			
Phone / Fax			NAIC#		
		INSURER A :			
INSURED		INSURER B :	List Insurers Here		
Vendor Name		INSURER C :	Each must have an AM Best rating		
		INSURER D :	of A-; VIII or better		
Address		INSURER E :	Of A-, VIII Of Detter		
		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	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
А	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PLICY LOC	*	*				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	s \$1,000,000 s s s s s \$2,000,000 s
В	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS AUTOS NON-OWNED AUTOS	*	*	If contracted work requi	ires use of	<mark>a vehicle.</mark>	COMBINED SINGLE LIMIT (Ea accident) ODILY INJURY (Per person) ODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$1,000,000 \$ \$ \$ \$
С	WMBRELLA LIAB EXCESS LIAB DED RETENTION \$ CLAIMS-MADE	*	*	Umbrella limits based or	n contracte	ed work	ACH OCCURRENCE 3GREGATE	s Up to \$10 M s Up to \$10 M s
D	WORKERS COMPENSATION AND EMPLOYERS* LABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	*				WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	s \$100,000 s \$100,000 s \$100,000

SAMPLE SERVICE CONTRACT COI

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

This are MUST list (1) HCP MOB Centerpoint, LLC (2) HCP, Inc. (3) Holladay Properties Midewest, Inc. as additional insured as respects to general liability, automobile liability, umbrella/excess liability insurances, and (4) 19550 E. 39th Street, Independence Missouri 64057. 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.

CERTIFICATE HOLDER	CANCELLATION

HCP MOB Centerpoint, LLC c/o Holladay Properties Services Midwest, Inc. 1508 Elm Hill Pike Suite 100 Nashville, TN 37210

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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