



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2015

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. Please 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
Insurance Agency
Address
Phone / Fax

CONTACT NAME:
PHONE
(A/C, No, Ext):
E-MAIL ADDRESS:

Each Insurer must have an AM Best Rating of A-:IX or better

INSURED
Tenant
Property Address with Suite number(s)

INSURER(S) AFFORDING COVERAGE **NAIC #**
INSURER A :
INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

List individual insurers for :
- General Liability
- Property Insurance

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 INSR	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE \$ \$2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$
	ANY AUTO						\$
	ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	HIRED AUTOS						BODILY INJURY (Per person) \$
	SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						\$
	OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
C	Commercial Property Insurance						E.L. DISEASE - POLICY LIMIT \$

May be required per lease.

SAMPLE TENANT COI

Against loss or damage by fire and such other risks as are 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) HCP MOB Centerpoint, LLC (2) HCP, INC (3) Holladay Property Services Midwest, Inc. as ADDITIONAL INSURED. Must also include the the address of the leased premises: 19550 E. 39th St., Independence, MO 64057 IF TENANT HAS LEASES WITH MORE THAN 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 HCP, Inc MAY BE REQUIRED ON POLICIES PER THE LEASE. PLEASE VERIFY BY REVIEWING THE LEASE LANGUAGE

CERTIFICATE HOLDER

CANCELLATION

HCP MOB Centerpoint, LLC
c/o Holladay Property 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

*** LIMITS MAY VARY DEPENDING ON CONTRACT LANGUAGE***

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DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**** THIS AREA CAN BE USED IF ADDITIONAL SPACE IS NEEDED TO LIST ALL OF THE CERTIFICATE HOLDERS AND ALL OF THE ADDITIONAL INSUREDS ****