



CERTIFICATE OF LIABILITY INSURANCE

SITESP1 OP ID: PB

DATE (MM/DD/YYYY)
04/09/12

THIS
POLICY
IS
DEDUCTIBLE

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
Jones Insurance Agency, Inc.
P O Box 407
Garner, NC 27529
Hal Averette, CIC, CWCA

919-772-0233
919-779-4025

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

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

INSURED
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

INSURER(S) AFFORDING COVERAGE
INSURER A: **LISTS INSURER FOR GEN LIAB**
INSURER B: **LISTS INSURER FOR WORKERS COMP**
INSURER C: **LISTS INSURER FOR PROPERTY INS.**
INSURER D:
INSURER E:
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 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		<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) <i>May be required per lease</i>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		<input checked="" type="checkbox"/>				MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY <i>May be required per lease</i>
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DED						
	RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
C	Commercial Property Insurance						Against loss or damage by fire and such other risks as are insurable under "special coverage" policies.

SAMPLE Tenant COI

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

**** THIS AREA MUST LIST (1) HCP MOP Tampa FL, LP, (2) HCP, Inc, and (3) Holladay Property Services Midwest, Inc., and (4) Address of the leased premises. 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
HCP MOP Tampa FL, LP
c/o Holladay Property Services Midwest, Inc.
1508 Elm Hill Pike, Suite 100
Nashville, Tennessee 37210

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

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IMPORTANT

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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 ******