

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		Clear	Save	DATE (MM/DD/YYYY)	
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED		INSURERS AFFORDING COVERAGE		NAIC #	
**** THIS AREA SHOULD SHOW THE NAME OF THE COMPANY THAT IS SIGNING THE SERVICE CONTRACT OR PROJECT CONTRACT ****		INSURER A:		LISTS INSURER FOR GEN LIAB	
		INSURER B:		LISTS INSURER FOR AUTO LIAB	
		INSURER C:		LISTS INSURER FOR WORKERS COMP	
		INSURER D:			
		INSURER E:			

COVERAGES						
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>X</b>	GENERAL LIABILITY				EACH OCCURRENCE \$ <b>1,000,000</b>
		COMMERCIAL GENERAL LIABILITY				Property Damage \$ <b>1,000,000</b>
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				Bodily Injury \$ <b>1,000,000</b>
		PERSONAL & ADV INJURY				\$
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ <b>2,000,000</b>
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COM/PROP AGG \$
<b>B</b>	<b>X</b>	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) - For Service Contracts Only \$ <b>1,000,000</b>
		ANY AUTO				BODILY INJURY (Per person) - Project Contracts Only \$ <b>1,000,000</b>
		ALL OWNED AUTOS				BODILY INJURY - Project Contracts Only \$ <b>1,000,000</b>
		SCHEDULED AUTOS				PROPERTY DAMAGE - Project Contracts Only \$ <b>1,000,000</b>
		HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC \$		
		GARAGE LIABILITY				AGGREGATE \$
		ANY AUTO				\$
		EXCESS/UMBRELLA LIABILITY				\$
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
<b>C</b>	<b>X</b>	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				WC STATUTORY LIMITS OTHER \$ <b>100,000</b>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ <b>100,000</b>
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b>
		OTHER				E.L. DISEASE - POLICY LIMIT \$ <b>100,000</b>

Sample

SAMPLE CERTIFICATE OF INSURANCE (COI) FOR HCP SERVICE and PROJECT CONTRACTS FOR MANAGEMENT COMPANIES

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
**** This area must list HCP 3535 Market Street, LP, HCP, Inc., and Lincoln Property Company Commercial Service Enterprises, Inc., d/b/a Lincoln Harris CSG as additional insureds as respects the general liability and auto liability policies. NOTE: A WAIVER OF SUBROGATION IN FAVOR OF BUILDING OWNER, MANAGEMENT COMPANY, and HCP, Inc IS REQUIRED AS RESPECTS THE WORKERS COMPENSATION COVERAGE.

<b>CERTIFICATE HOLDER</b>  <div style="background-color: yellow; padding: 5px; color: red;">                     HCP 3535 Market Street, LP                      c/o Lincoln Harris CSG                      3535 Market Street, Suite 30A                      Philadelphia, PA 19104                 </div>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE
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## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## 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 INSURED \*\*\*\***

**NOTE (1): IF THE WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY COVERAGE OR THE AUTOMOBILE LIABILITY COVERAGE AMOUNTS ARE LESS THAN THE REQUIRED AMOUNTS, THE COMPANY PROVIDING THE SERVICE CONTRACT WORK OR THE PROJECT CONTRACT WORK CAN OBTAIN EXCESS/UMBRELLA LIABILITY COVERAGE IN THE AMOUNT OF \$1,000,000 OR MORE (EACH OCCURRENCE AND AGGREGATE). THE UMBRELLA COVERAGE MUST BE LISTED ON THE SAME CERTIFICATE OF INSURANCE THAT THE WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY COVERAGE AND AUTOMOBILE LIABILITY COVERAGE IS SHOWN. THIS MUST BE DONE IF THE UMBRELLA COVERAGE IS TO SUPPLEMENT THE OTHER COVERAGES THAT DO NOT MEET THE MINIMUM REQUIREMENTS.**