

**SAMPLE CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)  
**Current Date**

PRODUCER  
**INSURANCE AGENCY/COMPANY  
INFORMATION TO BE ENTERED HERE**

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.

COMPANIES AFFORDING COVERAGE

COMPANY A **ALL INSURANCE CARRIERS TO BE SHOWN**

INSURED  
**NAME AND ADDRESS OF TEMPORARY  
TENANT TO BE ENTERED HERE**

COMPANY B **(Note letter designation on left side of form.)**

COMPANY C

COMPANY D

**COVERAGE**

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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b>	<b>NOTE 1</b> POLICY NUMBER TO BE ENTERED.	<b>EFFECTIVE DATE TO BE ENTERED.</b>	<b>EXPIRATION DATE TO BE ENTERED.</b>	GENERAL AGGREGATE \$ <b>2,000,000.00</b>
	<input type="checkbox"/> COMMERCIAL GEN. LIAB.				PRODUCTS-COMP/OP AGG. *
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV INJURY
	<input type="checkbox"/> OWNER'S CONTRACTOR'S PROT.				EACH OCCURRENCE \$ <b>2,000,000.00</b>
					FIRE DAMAGE (Any one fire)
					MED EXP (Any one person)
<input checked="" type="checkbox"/>	<b>AUTOMOBILE</b>	<b>NOTE 2</b> POLICY NUMBER TO BE ENTERED.	<b>EFFECTIVE DATE TO BE ENTERED.</b>	<b>EXPIRATION DATE TO BE ENTERED.</b>	COMBINED SINGLE LIMIT
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY
	<input type="checkbox"/> ALL OWNED AUTOS				(Per Person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY
	<input checked="" type="checkbox"/> HIRED AUTOS				(Per Accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE \$
<input type="checkbox"/>	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA. ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
<input checked="" type="checkbox"/>	<b>EXCESS LIABILITY</b>	<b>NOTE 3:</b> TO BE COMPLETED IF NOTE 1 IS NOT \$ 2 MIL & NOTES 2 & 4 ARE NOT \$1 MIL.	<b>EFFECTIVE DATE TO BE ENTERED.</b>	<b>EXPIRATION DATE TO BE ENTERED.</b>	EACH OCCURRENCE ****
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
<input type="checkbox"/>	<b>WORKERS COMPENSATION &amp; EMPLOYERS' LIABILITY</b>	<b>NOTE 4</b> POLICY NUMBER TO BE ENTERED.	<b>EFFECTIVE DATE TO BE ENTERED.</b>	<b>EXPIRATION DATE TO BE ENTERED.</b>	WC STATUTORY LIMITS Statutory
	THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE:				OTHER
	<input type="checkbox"/> INCL.				EL EACH ACCIDENT <b>Note: Subject to Com. Of PA</b>
	<input type="checkbox"/> EXCL.				EL DISEASE - POLICY LIMIT <b>requirements</b>
	<b>OTHER</b>				EL DISEASE - EA EMPLOYEE <b>requirements</b>
					**** Excess/ Umbrella Limit in an amount satisfactory to meet the requirements of Notes 1, 2, & 4

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**ADDITIONAL INSURED: King of Prussia Associates, its Managing Agent, Kravco Simon Company, and their respective officers, directors, shareholders, members, partners, parents, subsidiaries, related and affiliated entities, agents, servants, and employees.**

**(Additional Insured must be worded as above.)**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>The Pavilion at King of Prussia, c/o The Plaza at King of Prussia 160 North Gulph Road, Suite 2700 King of Prussia, PA 19406</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
<b>(Certificate Holder must be worded as above.)</b>	AUTHORIZED REPRESENTATIVE <b>ORIGINAL SIGNATURE REQUIRED</b>

\* \$2,000,000 Limit - required if tenant manufactured product, not required if tenant is reselling product.