

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**

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

COMPANY C

COMPANY D

INSURED
NAME AND ADDRESS OF TEMPORARY TENANT TO BE ENTERED HERE

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

CERTIFICATE HOLDER Plaza at King of Prussia North Gulph Road, Suite 2700, Prussia, PA 19406 <i>(Certificate Holder must be worded as above.)</i>	160 King of
	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> 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. AUTHORIZED REPRESENTATIVE ORIGINAL SIGNATURE REQUIRED

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