Tenant Sample Certificate of Insurance

(ACTUAL COVERAGE/LIMITS WILL VARY ACCORDING TO LEASE REQUIREMENTS)

ACORD. CERTIFICATE OF LIABILITY INSURANCE									DATE (MM/DD/YYYY) TBD		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
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 CONTACT										
						NAME: PHONE FAX					
AGENT INFORMATION					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS						
								FORDING COVERAGE		NAIC #	
INSURED						INSURER B : INSURANCE COMPANY NAME					
					INSURER C : INSURANCE COMPANY NAME						
TENANT INFORMATION					INSURER D : INSURANCE COMPANY NAME						
					INSURER E : INSURANCE COMPANY NAME			PANY NAME			
CO	VERAGES CER	REVISION NUMBER:									
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 Image: Content of 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 INSR INDR INDR INDR INDR INDR INDR INDR IND											
INSR LTR	TYPE OF INSURANCE	INSR		POLICY NUMBER		(MM/DD/YYYY)		LIM	ITS		
Α	GENERAL LIABILITY			POLICY NUMBER		TBD	TBD	EACH CCURRENCE DAMAGE TO RENTED	\$1,000 \$100,0		
		Y					-	PREMISES (Ea occurrence)			
	GEN'L AGGREGATE LIMIT APPLIES PER:		Y				-	MED EXP (Any one person)	\$10,000		
							-	PERSONAL & ADV INJURY	\$1,000,000		
							-	GENERAL AGGREGATE	\$2,000,000		
								PRODUCTS - COMP/OP AGG	\$1,000),000	
Α	POLICY X PRO- JECT LOC	Y	Y	POLICY NUMBER		TDB	TBD	COMBINED SINGLE LIMIT Ea accident	\$ \$1,000	,000	
	ANY AUTO							BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
	X HIRED AUTOS X NON-OWNED AUTOS						-	PROPERTY DAMAGE (Per accident)	\$		
_	X					TBD	TBD		· ·		
В			Y	POLICY NUMBER				EACH OCCURRENCE \$5,00		<i>'</i>	
	EXCESS LIAB CLAIMS-MADE						-	AGGREGATE	\$5,000	,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			POLICY NUMBER		TBD	TBD	X WC STATU- TORY LIMITS ER	-		
c		N/A						E.L. EACH ACCIDENT	\$1,000	,000	
	OFFICER/MEMBER EXCLUDED?		Y					E.L. DISEASE - EA EMPLOYER	\$1,000	,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000	,000	
D	PERSONAL PROPERTY/CONTENTS		Y	POLICY NUMBER		TBD	TBD	\$ CONTENTS VALUE			
DE	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required~										
Re: 10100 Katy Freeway, Suite #Houston, Texas 77043.											
Additional insured in favor of Freeway Norwest I, LLC and Metro National Corporation with regards to Automobile Liability, General Liability, and Umbrella Liability											
policies. Waiver of Subrogation in favor of Freeway Norwest I, LLC and Metro National Corporation with regard to all policies which will be considered Primary and Noncontributory. Freeway Norwest I, LLC is a Loss Payee as its interest appears for the property policy. 30-day notice of cancellation is provided to the certificate holder.											
CERTIFICATE HOLDER						CANCELLATION					
	MC Medical Campus, LP				SCRIBED POLICIES BE CA REOF. NOTICE WILL B						
c/o Metro National Corporation						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	10100 Katy Freeway, Suite 140 Houston, TX 77043		AUTHORIZED REPRESENTATIVE								

The ACORD name and logo are registered marks of ACORD