

CERTIFICATE OF LIABILITY INSURANCE

02/02/2015

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).

| certificate florder in fled of such endorsement(s). | | | | | |
|---|-----|-----------------------|----------------------------------|--|--|
| PRODUCER | CN | CONTACT NAME: | | | |
| Insurance Agency | P | PHONE A/C, No, Ext | John Jones phone: 909-999-9999 | | |
| Address | Ė | E-MAIL ADDRESS: | john.jones@insurance.com | | |
| Phone / Fax | | | NAIC# | | |
| | IN. | NSURER A : | | | |
| INSURED | IN | NSURER B : | List Insurers Here | | |
| Vendor Name | IN | NSURER C : | Each must have an AM Best rating | | |
| | IN | NSURER D : | Ŭ | | |
| Address | IN | NSURER E : | of A-; VIII or better | | |
| | IN | 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 S | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s |
|-------------|--|--------|----|--|----------------------------|----------------------------|---|--|
| Α | GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC | ** | ** | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | s \$1,000,000 s s s s \$ \$2,000,000 s |
| В | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS NON-OWNED AUTOS AUTOS NON-OWNED AUTOS | * | * | If contracted work requir | res use of a | a vehicle. | MBINED SINGLE LIMIT accident) DILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | s \$1,000,000 s s s |
| С | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | * | * | Amount of umbrella coverage requ contracted work. | uired may differ | based on | CH OCCURRENCE GREGATE | \$ Up to \$10 M \$ Up to \$10 M \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | * | | | | WC STATU- TORY LIMITS OTH- EL. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | s \$100,000 s \$100,000 s \$100,000 |
| | | | | | | | | |

SAMPLE SERVICE CONTRACT COI

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

This are MUST list (1) MOB 147 of Tennessee, LLC. (2) HCP, Inc. (3) Holladay Properties Services Midwest, Inc. as additional insured as respects to general liability, automobile liability, umbrella/excess liability insurances, and (4) 3443 Dickerson Pike, Nashville, TN 37207. If vendor has contract with more than one building then the vendor can list all addresses and building owners here.

Note: A waiver of subrogation in favor of building owner is required.

| CERTIFICATE HOLDER | CANCELLATION | | | |
|---|--|--|--|--|
| MOB 147 of Tennessee, LLC c/o Holladay Properties Services Midwest, Inc. 1508 Elm Hill Pike | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | |
| Suite 100 | AUTHORIZED REPRESENTATIVE | | | |
| Nashville, TN 37210 | | | | |
| | | | | |

ACORD 25 (2010/05)

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