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SAMPLE TENANT COI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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).

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|---|---|
| PRODUCER Insurance Agency Address Phone / Fax | CONTACT NAME: PHONE (A/C, No., Ex) E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : |
| INSURED Tenant Name Address | John Jones phone: 909-999-9999 john.jones@insurance.com List Insurers Here Each must have an AM Best rating of A-; VIII or better |

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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|--------------------------|-------------------------------------|-------------------------|--|--------------------------|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY | | | | | EACH OCCURRENCE \$ 2,000,000 | |
| | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | | | | MED EXP (Any one person) \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY \$ |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | GENERAL AGGREGATE \$ 5,000,000 | |
| B | Special Form (all risk) physical damage insurance including fire, sprinkler, leakage, vandalism and extended coverage for the full replacement cost of all Landlord's Work, Alterations and all other additions, improvements and alteration on to the Premises and all office furniture, trade fixtures, medical appliances, office equipment, merchandise and all other items of Tenant's Property on | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | |
| | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | | | | BODILY INJURY (Per person) \$ | |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | BODILY INJURY (Per accident) \$ | |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | Y/N | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | <input type="checkbox"/> | N/A | | E.L. EACH ACCIDENT \$ 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 | |
| | Medical Professional Liability Insurance (SEE LEASE FOR MORE DETAIL) | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 | |
| Per Occurrence \$ 1,000,000 Aggregate \$ 3,000,000 | | | | | | | |

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

This MUST list (1) **PMAK Tucson 6565, LLC** and (2) **Remedy Medical Properties, Inc.** as additional insured as respects to general liability, automobile liability, umbrella/excess liability insurances, and (3) **St. Joseph's Medical Plaza 6565 E Corandelet Drive, Tucson, AZ 85710**
Note: A waiver of subrogation in favor of building owner is required.

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| CERTIFICATE HOLDER Remedy Medical Properties Inc. 800 West Madison Street- Suite 400 Chicago, IL 60607 Attn: Cynthia Valencia cvalencia@remedy-med.com | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
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