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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).

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

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	<p><input checked="" type="checkbox"/> GENERAL LIABILITY</p> <p><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</p>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				<p>EACH OCCURRENCE \$ \$2,000,000</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$</p> <p>MED EXP (Any one person) \$</p> <p>PERSONAL & ADV INJURY \$</p> <p>GENERAL AGGREGATE \$ \$5,000,000</p> <p>PRODUCTS - COM/P/OP AGG \$</p>
B	<p>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</p>					<p>COMBINED SINGLE LIMIT (Ea accident) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>
C	<p><input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR</p> <p><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE</p> <p>DED RETENTION \$</p>					<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p>
D	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p>	Y/N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				<p><input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER</p> <p>E.L. EACH ACCIDENT \$ \$1,000,000</p> <p>E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000</p> <p>E.L. DISEASE - POLICY LIMIT \$ \$1,000,000</p>
	<p>Medical Professional Liability Insurance (SEE LEASE FOR MORE DETAIL)</p>					<p>Per Occurrence \$1,000,000</p> <p>Aggregate \$3,000,000</p>

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

This MUST list (1) **CMK2 Tucson 630, LLC** and (2) **Remedy Medical Properties, Inc.** as additional insured as respects to general liability, automobile liability, umbrella/excess liability insurances, and (3) **North Alvernon Medical Center 630 N Alvernon Way, Tucson, AZ 85711**.

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

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