ACORD <sup>®</sup> CERTIFICATE OF LIA	BILITY INSURANCE
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	NAME: John Jones phone: 909-999-9999
Insurance Agency Address	PHONE John Jones phone: 909-999-9999 [A/C, No. E address john.jones@insurance.com
Phone / Fax	
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED	INSURER B : List Insurers Here
Vendor Name	INSURER C: Each must have an AM Best rating
Address	INSURER D: of A-; VIII or better
Address	INSURER E :
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA	REVISION NUMBER: VE 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 TYPE OF INSURANCE ADDL SUBR INSR WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS
GENERAL LIABILITY	EACH OCCURRENCE \$ \$1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	MED EXP (Any one person) \$
	PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$ \$2,000,000 PRODUCTS - COMP/OP AGG \$
	PRODUCTS- CONPOP AGG S
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000
B ANY AUTO	
	BODILY INJURY (Per accident) \$
HIRED AUTOS NON-OWNED AUTOS	PROPERTY DAMAGE \$ (Per accident)
	\$
	EACH OCCURRENCE \$
C     EXCESS LIAB     CLAIMS-MADE       DED     RETENTION \$         AGGREGATE         S	
WORKERS COMPENSATION	WC STATU- TORY LIMITS ER
AND EMPLOYERS' LIABILITY D ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT \$ \$100,000
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$ \$100,000
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$ \$100,000
SAMPLE SERVICE CONTRACT COI	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks	Schedule, if more space is required)
This MUST list (1) CMK2Tucson 630, LLC. (2) Remedy Medical Properties, Inc (3) North Alvemon Medical Center, 630 N. Alvemon Way, Tucson AZ 85711 as additional insured as respects to general liability, automobile liability, umbrella/excess liability insurances. If vendor has contract with more than one	
building then the vendor can list all addresses here.	
Note: A waiver of subrogation in favor of building owner is required.	
CERTIFICATE HOLDER CANCELLATION	
Remedy Medical Properties, Inc. 800 West Madison Street - Suite 400 Chicago III 60607	
Chicago, IL 60607 Attn: Cynthia Valencia cvalencia@remedymed.com	AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

А

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD