

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Please note that this is to be used as a sample certicate of insurance ONLY, and in no way supercedes the language in the lease. Review the lease language with your insurance carrier to ensure that you have the appropriate policies and limits.

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		CONTACT NAME:			
		PHONE (A/C, No, Ext):	FAX (A/C, No):		
	Insurance Agency and Address	E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A :			
INSURED		INSURER B :	List Insurers Here.	1	
	Tenant Name and Address	INSURER C :			
		INSURER D :	Each must have an AM Best ra	_	
	include all suite numbers	INSURER E :	of A-; IX or better	J	
		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.

EXCESSIONS AND CONDITIONS OF COURT CEIGLES. ENVITO CHOWN WAT THAT BEEN REDUCED BY TAIL CEIGLIG.										
INSR LTR	SR TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$1,000,000		
	CLAIMS-MADE OCCUR		X	May be required pe	r lease.		MED EXP (Any one person)	\$		
						PERSONAL & ADV INJURY	\$			
							GENERAL AGGREGATE	\$ \$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- JECT LOC							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO		OARADI E TENANT OOL				BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS		NL	SAMPLE TENANT CI			BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS		OAMILE LEMANT OOF				PROPERTY DAMAGE (Per accident)	\$		
							·	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			May be required per the lease to the extent required by law.		WC STATU- OTH- TORY LIMITS ER				
R			V			E.L. EACH ACCIDENT	\$ \$500,000			
							E.L. DISEASE - EA EMPLOYEE	\$ \$500,000		
							E.L. DISEASE - POLICY LIMIT	\$ \$500,000		
							Limits based on contents w	ithin building.		
L	Commercial Property Insurar						Against loss or damage by f			
							insurable under "special co	verage" policies.		

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

This area must list (1) HCPI/Tennessee,LLC (2) Healthpeak Medical Office Properties (3) Holladay Properties Services Midwest, Inc. as additional insured as respects to general liability, auto liability, umbrella/excess liability insurances, and IF TENANT HAS LEASES WITH MORE THAN ONE ADDRESS FOR THE SAME PARENT COMPANY, THEN THE TENANT CAN LIST ALL ADDRESSES HERE. NOTE: A WAIVER OF SUBROGATION IN FAVOR OF BUILDING OWNER, MANAGEMENT COMPANY, and LANDLORD MAY BE REQUIRED ON POLICIES PER THE LEASE. PLEASE VERIFY BY REVIEWING THE LEASE LANGUAGE

CERTIFICATE HOLDER

Healthpeak Medical Office Properties c/o Holladay Properties Services Midwest, Inc. 2710 Old Lebanon Rd, Suite 5 Nashville, TN 37214

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

ACORD 25 (2010/05)

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