

DATE (MM/DD/YYYY)

CURRENT DATE

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.

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this certificate does not come rights to the certificate holder in hed or st		
PRODUCER	CONTACT NAME:	
PRODUCER / BROKER NAME AND ADDRESS		FAX A/C, No):
TROBUSERY BRUKER WANTE THE TROBUSE	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : INSURER A NAME	NAIC #
INSURED	INSURER B: INSURER B NAME	NAIC #
NAMED INSURED ENTITY NAME AND ADDRESS	INSURER C: INSURER C NAME	NAIC #
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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NSR TR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	Χ	COMMERCIAL GENERAL LIABILITY					•		\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
					POLICY NUMBER	DATE	DATE	MED EXP (Any one person)	\$ 10,000
(					. 02.01.11022.11		571.2	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							\$ 2,000,000
		POLICY X PRO- OF X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Χ	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS		POLICY NUMBER	POLICY NUMBER	DATE	DATE	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
									\$
	Χ	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000,000
		EXCESS LIAB CLAIMS-MADE			POLICY NUMBER	DATE	DATE	AGGREGATE	\$ 2,000,000
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE TITLE	N/A		DOLLOV NUMBER	DATE	DATE	E.L. EACH ACCIDENT	\$ 500,000
	(Man	datory in NH)			POLICY NUMBER	DATE	DATE	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

Additional Insureds: Opal Holdings LLC. Liberty 8000 Normandale LLC. Any Lender or Lien Holder Interest, and their Members, Affiliates, Subsidiaries, Directors, Officers, Shareholders, Agents, and Employees. Cushman & Wakefield U.S., Inc. are additional insureds on General Commercial Liability, Auto Liability, and Umbrella Liability on a primary and non-contributory with any other insurance in force.

CERTIFICATE HOLDER	CANCELLATION
Cushman & Wakefield U.S., Inc. 8400 Normandale Lake Blvd., Suite 1450	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Bloomington, MN 55437	AUTHORIZED REPRESENTATIVE
	SIGNATURE OF PRODUCER/BROKER



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PRODUCER / BROKER NAME AND ADDRESS	PHONE (A/C, No, Ext):	FAX (A/C, No):
TROBUGERY BROKER WIND ABBREOG	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: INSURER A NAME	NAIC #
INSURED	INSURER B : INSURER B NAME	NAIC #
NAMED INSURED ENTITY NAME AND ADDRESS	INSURER C : INSURER C NAME	NAIC #
	INSURER D:	
	INSURER E:	
	INSURER F:	

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NSR LTR				SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	X	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR							\$ 1,000,000 \$ 100,000
		OD MING IN USE			POLICY NUMBER	DATE	DATE	MED EXP (Any one person)	\$ 10,000
K						27.1.2	271.2	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- OT X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Χ	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS			POLICY NUMBER	DATE	DATE	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000,000
		EXCESS LIAB CLAIMS-MADE			POLICY NUMBER	DATE	DATE	AGGREGATE	\$ 2,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A		DOLLOV NIJIMBED	DATE	DATE	E.L. EACH ACCIDENT	\$ 500,000
	(Mandatory in NH)		POLICY NUMBER		DATE	DATE	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

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PRODUCER / BROKER NAME AND ADDRESS		FAX A/C, No):
TROBUSERY BRUKER WANTE THE TROBUSE	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : INSURER A NAME	NAIC #
INSURED	INSURER B: INSURER B NAME	NAIC #
NAMED INSURED ENTITY NAME AND ADDRESS	INSURER C: INSURER C NAME	NAIC #
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OMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  AGGREGATE LIMIT APPLIES PER: DLICY X PRO- OT X LOC  THER: MOBILE LIABILITY	INSD WVD	POLICY NUMBER  POLICY NUMBER	DATE	DATE	DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 100,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
CLAIMS-MADE X OCCUR  AGGREGATE LIMIT APPLIES PER: DLICY X PRO- OT X LOC  THER: MOBILE LIABILITY		POLICY NUMBER	DATE	DATE	DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 100,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000
AGGREGATE LIMIT APPLIES PER: DLICY X PRO- OT X LOC THER: MOBILE LIABILITY		POLICY NUMBER	DATE	DATE	PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE	\$ 10,000 \$ 1,000,000 \$ 2,000,000
DLICY X PRO OT X LOC THER: MOBILE LIABILITY		POLICY NUMBER	DATE	DATE	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 2,000,000
DLICY X PRO OT X LOC THER: MOBILE LIABILITY					GENERAL AGGREGATE	\$ 2,000,000
DLICY X PRO OT X LOC THER: MOBILE LIABILITY						
THER: MOBILE LIABILITY					PRODUCTS - COMP/OP AGG	2 000 000
MOBILE LIABILITY						\$ 2,000,000
						\$
					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
NY AUTO					BODILY INJURY (Per person)	\$
WNED SCHEDULED AUTOS		POLICY NUMBER	DATE	DATE	BODILY INJURY (Per accident)	\$
NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						\$
MBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 2,000,000
CLAIMS-MADE		POLICY NUMBER	DATE	DATE	AGGREGATE	\$ 2,000,000
ED RETENTION\$						\$
RS COMPENSATION						
OPRIETOR/PARTNER/EXECUTIVE TIME	N/A	DOLICY NUMBER	DATE	DATE	E.L. EACH ACCIDENT	\$ 500,000
(Mandatory in NH)		FULIUT INUIVIDER	DATE	DATE	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
escribe under IPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000
UIFU X EIII OF to e	TOS ONLY AUTOS NON-OWNED AUTOS ONLY  IBRELLA LIAB X OCCUR CLAIMS-MADE D RETENTION \$ RS COMPENSATION PLOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE VMEMBER EXCLUDED? OIN NH) speribe under	TOS ONLY RED TOS ONLY NON-OWNED AUTOS ONLY  BRELLA LIAB  CESS LIAB  D RETENTION \$ RS COMPENSATION PRIETOR/PARTNER/EXECUTIVE PRIETOR/PARTNER/EXECUTIV	TOS ONLY AUTOS NON-OWNED NON-OWNED AUTOS ONLY AUTOS ONLY  IBRELLA LIAB X OCCUR CESS LIAB CLAIMS-MADE POLICY NUMBER  D RETENTION \$ RS COMPENSATION PRIETOR/PARTNER/EXECUTIVE POLICY NUMBER POLICY NUM	TOS ONLY AUTOS NON-OWNED N	TOS ONLY AUTOS NON-OWNED NON-OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY DATE    BRELLA LIAB	TOS ONLY AUTOS NON-OWNED NON-OWNED AUTOS ONLY  BRELLA LIAB  CESS LIAB  CLAIMS-MADE  DATE  DATE  DATE  BODICT NOMBER  DATE  BODICT NOMBER  POLICY NUMBER  DATE  DATE  BODICT NOMBER  DATE  BODICT NOMBER  POLICY NUMBER  DATE  BODICT NOMBER  DATE  BODICT NOMBER  PROPERTY DAMAGE (Per accident)  PROPERTY DAMAGE  AGGREGATE  DATE  TO STATUTE  BODICT NOMBER  DATE  DATE  DATE  DATE  AGGREGATE  TO STATUTE  E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE  STORY OF THE POLICY NUMBER  DATE  DATE  DATE  DATE  BODICT NOMBER  DATE  BODICT NOMBER  POLICY NUMBER  DATE  DATE  DATE  BODICT NOMBER  DATE  DATE  BODICT NOMBER  BODICT

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

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	SIGNATURE OF PRODUCER/BROKER



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(A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A : INSURER A NAME	NAIC #
INSURER B : INSURER B NAME	NAIC #
INSURER C : INSURER C NAME	NAIC #
INSURER D:	
INSURER E:	
INSURER F:	
	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: INSURER A NAME INSURER B: INSURER B NAME

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		JSIONS AND CONDITIONS OF SUCH I		-			-		
INSR LTR		TYPE OF INSURANCE	ADDL :	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	Χ	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
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Х								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- OT X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Χ	ANY AUTO						BODILY INJURY (Per person)	\$
Х		OWNED SCHEDULED AUTOS ONLY		POLICY NUMBER	POLICY NUMBER	DATE	DATE	BODILY INJURY (Per accident)	\$
^		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000,000
Х		EXCESS LIAB CLAIMS-MADE			POLICY NUMBER	DATE	DATE	AGGREGATE	\$ 2,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
X	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		POLICY NUMBER	DATE	DATE	E.L. EACH ACCIDENT	\$ 500,000
^	(Mar	ndatory in NH)	N/A		FOLICT NOWBER	DATE	DATE	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
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_						1			

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PRODUCER / BROKER NAME AND ADDRESS		FAX A/C, No):				
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X	AUT	OMOBILE LIABILITY		POLICY NUMBER				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
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		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY	N N/A	<b>X</b>	POLICY NUMBER	DATE	DATE	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TITLE						E.L. EACH ACCIDENT	\$ 500,000
X	(Man	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
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