

CERTIFICATE OF LIABILITY INSURANCE

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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	CONTACT NAME:	
PRODUCER / BROKER NAME AND ADDRESS	PHONE (A/C, No, Ext):	FAX (A/C, No):
TROBUSER, BRUILLING AND ABBRESS	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING CO	DVERAGE 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:

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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
X	Χ	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$ 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
					. 02.01.1.022.1	J 77.1.2	271.2	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO- OF X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
Х	AUT	TOMOBILE LIABILITY		POLICY NUMBER				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Χ	ANY AUTO					BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY			POLICY NUMBER	DATE	DATE	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
									\$
Х	X	UMBRELLA LIAB X OCCUR		POLICY NUMBER		DATE	DATE	EACH OCCURRENCE	\$ 2,000,000
		EXCESS LIAB CLAIMS-MADE			POLICY NUMBER			AGGREGATE	\$ 2,000,000
		DED RETENTION\$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
Х	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A		POLICY NUMBER	DATE	DATE	E.L. EACH ACCIDENT	\$ 500,000
								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: NL 8200 Tower, 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.

Waiver of subrogation in favor of entities listed above, is applicable to General Commercial Liability, Auto Liability, Umbrella Liability and Workers Compensation. 30 days notice of cancellation.

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