

## **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 FAX (A/C, No, Ext): (A/C, No):					
					E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A : INSURER A NAME					NAIC #	
					INSURER B: INSURER B NAME					NAIC #	
NAMED INSURED ENTITY NAME AND ADDRESS					INSURER C : INSURER C NAME INSURER D :					NAIC #	
						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 COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	<sub>\$</sub> 1,00		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ <b>100</b>	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:			POLICY NUMBER		DATE	DATE	MED EXP (Any one person)	\$ 10,0		
Х								PERSONAL & ADV INJURY		00,000	
								GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$ 2,000,000		
	OTHER:							PRODUCTS - COMP/OP AGG	\$ 2,00	,000	
								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	X ANY AUTO OWNED AUTOS ONLY AUTOS UTOS ONLY AUTOS					DATE	DATE	BODILY INJURY (Per person)	n) \$		
Х				POLICY NUMBER				BODILY INJURY (Per accident)	-		
	AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Х	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS MADE					DATE	DATE	EACH OCCURRENCE	*	00,000	
~	DED RETENTION \$	-		POLICY NUMBER		DATE	DATE	AGGREGATE	\$ 2,0 \$	00,000	
	WORKERS COMPENSATION							X PER OTH- STATUTE ER	φ		
х	AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$ 500,000		
				POLICY NUMBER		DATE	DATE	E.L. DISEASE - EA EMPLOYEE \$ 500,000		,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ <mark>500</mark>	),000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC										
Additional Insureds: Opal Holdings LLC. Liberty 8400 Normandale Owner 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						

The ACORD name and logo are registered marks of ACORD

© 1988-2016 ACORD CORPORATION. All rights reserved.