

# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
00/00/00

PRODUCER ABC Insurance Company P.O. Box 1234 Anytown, USA	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
EMAIL PHONE & FAX AGENT/ CONTACT	COMPANIES AFFORDING COVERAGE COMPANY <b>A</b> DEF INSURANCE COMPANY
INSURED  <p style="text-align: center;"><b>SAMPLE CERTIFICATE (TENANT/VENDOR)</b></p>	COMPANY <b>B</b> COMPANY <b>C</b> COMPANY <b>D</b>

**COVERAGES**  
 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$2,000,000.00 PRODUCTS-COMP/OP AGG \$2,000,000.00 PERSONAL & ADV INJURY \$1,000,000.00 EACH OCCURRENCE \$1,000,000.00 FIRE DAMAGE (Any one fire) MED EXP (Any one person)
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$1,000,000.00 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$5,000,000.00 AGGREGATE \$5,000,000.00
A	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  THE PROPRIETOR/ PARTNERS/EXECUTIVE <input checked="" type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL				X STATUTORY LIMITS EACH ACCIDENT \$1,000,000.00  DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**FSP Pacific Center, LLC and Owner's lender, The State of California Public Employees' Retirement System, an agency of the State of California, Commonwealth Partners Management Services, L.P., Fifth Street Properties, LLC, CWP Capital Management, LLC and their respective members, managers, partners, officers, directors, affiliates, agents, representatives, employees, successors and assignees are additional insureds.**

<b>CERTIFICATE HOLDER</b>  Commonwealth Partners 1455 Frazee Road, Suite 975 San Diego, CA 92108	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY OTHER KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE
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