

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/01/2017

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 be endorsed. If SUBROGATION IS WAIVED, subject to

	ne terms and conditions of the policy, ertificate holder in lieu of such endors				ndorsei	ment. A stat	ement on thi	is certificate doe	es not co	nfer ri	ghts to the	
PRODUCER						CONTACT NAME:						
Insured's Agent Info						PHONE						
						(A/C, No, Ext): (A/C, No): E-MAÎL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A: Name of Insurance Company					INAIC #	
INSURED					INSURER B: AM Best rating of A-VII or better							
Name of Contractor or Service Provider					INSURERC :							
					INSURER D:							
					INSURER E :							
					INSURE							
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	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		S		
LIIK	GENERAL LIABILITY		4440	. GEIGT NGMEEN		THE STATE OF THE S	ŢIIIIII DEN TITI	EACH OCCURRENC	Œ	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY							PREMISES (EA OCC.)	EO	\$	300,000	
	CLAIMS-MADE X OCCUR					)		MED EXP (Any one person) \$			10,000	
Α				ABCD		06/01/2017	05/31/2018	PERSONAL & ADV INJURY \$		s	1,000,000	
								GENERAL AGGREGATE \$		S	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP	OP AGG	\$	2,000,000	
	X POLICY X PRO-							\$		\$	2,000,000	
А	AUTOMOBILE LIABILITY							(Ea accident)	LIMIT	\$	1,000,000	
	X ANY AUTO	x		ABCD		06/01/2017	05/31/2018	BODILY INJURY (Pe		\$		
	ALL OWNED AUTOS AUTOS NON-OWNED							PROCEETY DAMAGE		\$		
	HIRED AUTOS NON-OWNED AUTOS							(Per accident)		\$		
										\$		
А	X UMBRELLA LIAB X OCCUR			2		00/04/004=	05/04/0040	EACH OCCURRENCE \$		\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE	×		ABCD		06/01/2017	05/31/2018	AGGREGATE \$		5,000,000		
_	DED RETENTION \$ WORKERS COMPENSATION		-		_			WC STATU- 1	Іотн-	\$		
А	AND EMPLOYERS' LIABILITY Y / N							WC STATU- TORY LIMITS	LER	0	100,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	ABCD	ABCD		06/01/2017	05/31/2018	E.L. EACH ACCIDEN		S	100,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$			200,000	
	DESCRIPTION OF OPERATIONS below							E, L. DISEASE - POL	ICY LIMIT	\$	200,000	
Α	OTHER	X		ABCD		06/01/2017	05/31/2018					
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach A	ACORD 101, Additional Remarks S	chedule,	If more space is	required)					
	75 Exchange Building Owner, LLC (Prop											
	Iditional Insured on General Liability per I				iding a	dditional insur	red status and	d provide a copy	of form. V	Vaiver	of	
subrogation applies to general liability and workers compensation.												
CERTIFICATE HOLDER CANCELLATION												
1775 Exchange Building Owner, LLC					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
Parmenter, LLC d/b/a Parmenter Realty Partners					ACCORDANCE WITH THE POLICY PROVISIONS.							
1775 The Exchange SE, Atlanta, GA 30339					AUTHORIZED REPRESENTATIVE							

ACORD 25 (2010/05)

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