

PRODUCER ( ) FAX ( )

Insurance Company  
123 North Agent Street  
City, State 90000

Ext.

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 COVER AFFORDED BY THE POLICE BELOW.

**COMPANIES AFFORDING COVERAGE**

INSURANCE COMPANY OF AMERICA

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COMPAN  
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D



**INSURED**

Tenant Name  
1234 Service Street, Suite #  
City, State 90000

**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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT. <input checked="" type="checkbox"/> DEDUCTIBLE \$1,000	<b>AB 1234567</b>	<b>06/01/19</b>	<b>06/01/20</b>	GENERAL AGGREGATE	<b>\$ 2,000,000</b>
					PRODUCTS-COMP/OP AGG	\$ 1,000,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					EACH OCCURRENCE	<b>\$ 2,000,000</b>
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 1,000
	B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNERS & CONTRACTORS PROT. <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>AB 1234567</b>	<b>06/01/19</b>	<b>06/01/20</b>	COMBINED SINGLE LIMIT (Each accident)
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Person)	\$
					PROPERTY DAMAGE	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY – EA. ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICER ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	<b>ABC 123456-12</b>	<b>06/01/19</b>	<b>06/01/20</b>	WC STATU- TORY LIMITS	OTHER
					EL EACH ACCIDENT	<b>\$ 1,000,000</b>
					EL DISEASE – POLICY LIMIT	\$
					EL DISEASE – EA EMPLOYEE	\$
					Limit: Deduct:	\$ \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

(10 DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM)

\* Re: Tenant of building 201, 225, 251 or 283 South Lake Avenue, Pasadena, CA 91101 (Corporate Center Pasadena)

\* See attached Endorsement Page for additional insured

**CERTIFICATE HOLDER**

\* CVFI – S Lake Avenue, LP & CVFI-S Lake Avenue GP, LLC & Coretrust Value Fund I, LP & Coretrust Management, LP & Coretrust Capital, Inc. & Madison Marquette Real Estate Services, Inc. & Heitman Credit Acquisitions X, LLC  
251 S. Lake Avenue Suite 100; Pasadena CA 91101

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**JOHN DOE**

# Sample Endorsement Page

Policy#

**Named Insured:** Contractor / Vendor Name

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name of Person or Organization:**

Name of Person or Organization (Additional Insured):

**CVFI – S Lake Avenue, LP & CVFI-S Lake Avenue GP, LLC &  
Coretrust Value Fund I, LP & Coretrust Management, LP &  
Coretrust Capital, Inc. & Madison Marquette Real Estate Services, Inc. &  
Heitman Credit Acquisitions X, LLC**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of “your work” for that insured by our for you.

\_\_\_\_\_  
Agent (INK SIGNATURE)