

PRODUCER () FAX ()

Insurance Company
123 North Agent Street
City, State 90000

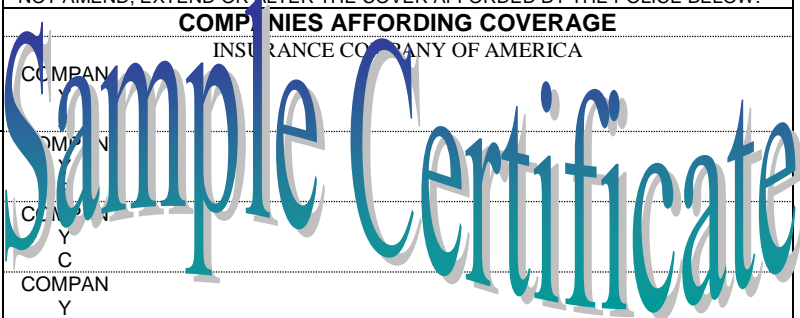
 Ext.

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

COMPAN
Y
C
COMPAN
Y
D



INSURED

Contactor/Vendor Name
1234 Service Street
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	GENERAL LIABILITY <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	AB 1234567	01/01/20	01/01/21	GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS-COMP/OP AGG	\$ 1,000,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 1,000
	B	AUTOMOBILE LIABILITY <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	AB 1234567	01/01/20	01/01/21	COMBINED SINGLE LIMIT (Each accident)
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Person)	\$
					PROPERTY DAMAGE	\$
					AUTO ONLY – EA. ACCIDENT	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			OTHER THAN AUTO ONLY:		
				EACH ACCIDENT	\$	
				AGGREGATE	\$	
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	ABC 123456-12	01/01/20	01/01/21	EACH OCCURRENCE	\$ 5,000,000
					AGGREGATE	\$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICER ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	ABC 123456-12	01/01/20	01/01/21	WC STATU- TORY LIMITS	OTHER
					EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE – POLICY LIMIT	\$ 1,000,000
					EL DISEASE – EA EMPLOYEE	\$ 1,000,000
					Limit: Deduct:	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (10 DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM)
 * Re: Work performed at 201, 225, 251 or 283 South Lake Avenue, Pasadena, CA 91101 (PASARROYO) *See attached Endorsement Page for additional insured

CERTIFICATE HOLDER

 * CVFI – S Lake Avenue, LP
 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 GP, LLC, Coretrust Value Fund I LP, Coretrust Management, LP, Coretrust Management, Inc. (collectively, the “Coretrust Parties”); CBRE, INC. (“CBRE”).

(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)