

SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
Current Date

PRODUCER INSURANCE AGENCY/COMPANY INFORMATION TO BE ENTERED HERE	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. COMPANIES AFFORDING COVERAGE COMPANY A ALL INSURANCE CARRIERS TO BE SHOWN COMPANY B (Note letter designation on left side of form.) COMPANY C COMPANY D
INSURED NAME AND ADDRESS OF TENANT TO BE ENTERED HERE	

COVERAGE
 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 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
<input checked="" type="checkbox"/>	GENERAL LIABILITY COMMERCIAL GEN. LIAB. CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S CONTRACTOR'S PROT.	NOTE 1 POLICY NUMBER TO BE ENTERED.	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	GENERAL AGGREGATE \$ 2,000,000.00
					PRODUCTS-COMP/OP AGG. \$ 2,000,000.00
					PERSONAL & ADV INJURY \$ 2,000,000.00
					EACH OCCURRENCE \$ 2,000,000.00
					FIRE DAMAGE (Any one fire) \$ 1,000,000.00
					MED EXP (Any one person) \$ 5,000.00
					COMBINED SINGLE LIMIT \$ 1,000,000.00
<input checked="" type="checkbox"/>	AUTOMOBILE ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	NOTE 2 POLICY NUMBER TO BE ENTERED.	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	BODILY INJURY
					(Per Person) \$
					BODILY INJURY
					(Per Accident) \$
					PROPERTY DAMAGE \$
					AUTO ONLY - EA. ACCIDENT \$
					OTHER THAN AUTO ONLY:
EACH ACCIDENT \$					
AGGREGATE \$					
<input checked="" type="checkbox"/>	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	NOTE 3: TO BE COMPLETED IF NOTE 1 IS NOT \$ 2 MIL & NOTES 2 & 4 ARE NOT \$1 MIL	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	EACH OCCURRENCE ****
					AGGREGATE \$
<input checked="" type="checkbox"/>	WORKERS COMPENSATION & EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.	NOTE 4 POLICY NUMBER TO BE ENTERED.	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	WC STATUTORY LIMITS Statutory
					OTHER
					EL EACH ACCIDENT \$ 1,000,000.00
					EL DISEASE - POLICY LIMIT \$ 1,000,000.00
					EL DISEASE - EA EMPLOYEE \$ 1,000,000.00
<input type="checkbox"/>	OTHER				**** Excess/ Umbrella Limit in an amount satisfactory to meet the requirements of Notes 1, 2, & 4

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ADDITIONAL INSURED: King of Prussia Associates, its Managing Agent, Kravco Simon Property, and their respective officers, directors, shareholders, members, partners, parents, subsidiaries, related and affiliated entities, agents, servants, and employees.

(Additional Insured must be worded as above.)

CERTIFICATE HOLDER <p style="text-align: center;">The Court at King of Prussia c/o The Plaza at King of Prussia, 160 North Gulph Road, Suite 2700, King of Prussia, PA 19406</p> <p><i>(Certificate Holder must be worded as above.)</i></p>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</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 KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <p style="text-align: center;">ORIGINAL SIGNATURE REQUIRED</p>
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