

CERTIFICATE OF INSURANCE

ISSUE DATE

(MM/DD/YY)

PRODUCER

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
LETTER A
COMPANY
LETTER E
COMPANY
LETTER C
COMPANY
LETTER D
COMPANY
LETTER E

INSURED

Sample

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC				EACH OCCURRENCE \$2,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP(Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$2,000,000 BODILY INJURY (Per Person) \$2,000,000 BODILY INJURY (Per Accident) \$2,000,000 PROPERTY DAMAGE \$2,000,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	(MUST BE INCLUDED ON CERTIFICATE) 			<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPL. \$1,000,000
	OTHER				

Additional Insured

Description of Operations/Locations/Vehicles/Special Items

All Commercial General Liability Insurance policies shall name as Additional Insureds the following: PPF OFF Rowes Wharf Holdings, LLC, The Rowes Wharf Condominium Association, the Board of Managers of The Rowes Wharf Condominium Association, The Unit Owners of the Condominiums at Rowes Wharf, The Residences at Rowes Wharf Condominium Association, the Board of Managers of the Residences at Rowes Wharf Condominium Association, Morgan Stanley, PPF OFF, LLC, PPF OFF Rowes Wharf, LLC, PPF Boston Harbor TRS, LLC, Pyramid Advisors, LLC, Jones Lang LaSalle Americas, Inc., Barkan Management Company, Inc. and all of their successors, assignees, subsidiaries, respective members, principals, beneficiaries, partners, officers directors, employees and agents

<p>CERTIFICATE HOLDER</p> <p style="text-align: center;">PPF OFF Rowes Wharf Holdings LLC c/o Jones Lang LaSalle Americas, Inc. 30 Rowes Wharf Boston, MA 02110</p>	<p>CANCELLATION</p> <p>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.</p> <p>Authorized Representative</p>
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