

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YR)

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 the terms and conditions of the policy, certain policies require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
Insurance Provider		PHONE	FAX
Address		(A/C, No, Ex)	(A/C, No):
Address		EMAIL	
Licence #		ADDRESS:	
INSURERS AFFORDING COVERAGE			NAIC #
INSURED		INSURER A:	
Lease Holder		INSURER B:	
1 Main St		INSURER C:	
Anycity, ST		INSURER D:	
(888)888-8888		INSURER E:	
		INSURER F:	

SAMPLE

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL L LIABILITY	X					EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							
	GEN'L. AGGREGATE LIMIT APPLIES PER							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO							
	ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	
	HIRED AUTOS						<input type="checkbox"/> NON-OWNED AUTOS	
A	UMBRELLA LIAB						EACH OCCURRENCE	
	EXCESS LIAB						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	
	DED						AGGREGATE	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.)						<input checked="" type="checkbox"/> Y/N	N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below							
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

"Jones Lang LaSalle Americas, Inc. ("Property Manager"), Star-West Metreon, LLC ("Landlord"), SRP Property Management, LLC, Starwood Retail Partners, LLC, and Starwood Capital Global Group, L.P. and their subsidiaries, affiliates, directors, officers, members, managers, partners, lenders, agents employees and assignees, and other such entities hereafter as may be reasonably requested by Landlord, referred to collectively as Additional Insured."

CERTIFICATE HOLDER	CANCELLATION
Star-West Metreon, LLC c/o Jones Lange LaSalle Americas, Inc. 135 4th Street, Suite 4000 San Francisco, CA 94103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE