

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
9/29/2014

PRODUCER

XYZ Company
Street Address
City, State Zip Code

[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** Insurance Co Name (must be rated A-/VII)
COMPANY
LETTER **B**
COMPANY
LETTER **C**
COMPANY
LETTER **D**
COMPANY
LETTER **E**

INSURED

ABC Company
Street Address
City, State Zip Code

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 RESPECTS 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	POLICY EXPIRATION	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENRL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTR'S PROT.	[Policy Number]	[xx/xx/xx]	[xx/xx/xx]	GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS-COMP/OPS AGGREGATE	\$
					PERSONAL & ADVERTISING INJURY	\$
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$
					MEDICAL EXPENSE (Any one person)	\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	[Policy Number]	[xx/xx/xx]	[xx/xx/xx]	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (PER PERSON)	\$
					BODILY INJURY (PER ACCIDENT)	\$
					PROPERTY DAMAGE	\$
	EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ 1,000,000	AGGREGATE \$ 1,000,000
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	[Policy Number]	[xx/xx/xx]	[xx/xx/xx]	<input checked="" type="checkbox"/> STATUTORY	
					\$ 500,000	(EACH ACCIDENT)
					\$ 500,000	(DISEASE-POLICY LIMIT)
	Professional Liability	[Policy Number]	[xx/xx/xx]	[xx/xx/xx]	\$ 1,000,000	Per Occurance
					\$ 1,000,000	Aggregate
	Contractor's Pollution Liability	[Policy Number]	[xx/xx/xx]	[xx/xx/xx]	\$ 1,000,000	

Sample

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TERMS

HUB Properties Trust, Equity Commonwealth, Equity Commonwealth Management LLC and CBRE, Inc. are included as additional insured under the general liability contract with respect to work performed by the insured if required by written contract.

CERTIFICATE HOLDER

CBRE, Inc. (or appropriate CBRE Affiliate)
Management Office Street Address
Suite #
City, State Zip Code

CANCELLATION

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