TENANT SAMPLE ONLY: ACTUAL COVERAGE/LIMITS WILL VARY ACCORDING TO LEASE REQUIREMENTS

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2017

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 may 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:	
AGENT INFORMATION	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : INSURANCE COMPANY NAME	
INSURED	INSURER B : INSURANCE COMPANY NAME	
TENANT INFORMATION	INSURER C : INSURANCE COMPANY NAME	
	INSURER D : INSURANCE COMPANY NAME	
	INSURER E : INSURANCE COMPANY NAME	
	INSURER F : INSURANCE COMPANY NAME	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			POLICY NUMBER	01/01/2017	01/01/2018	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
	CLAIMS-MADE X OCCUR	Y	Y				MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$1,000,000
	POLICY X PRO-JECT LOC							$
A	AUTOMOBILE LIABILITY			POLICY NUMBER	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	X ALL OWNED AUTOS / SCHEDULED AUTOS	Y	Y				BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB / X OCCUR			POLICY NUMBER	01/01/2017	01/01/2018	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB / CLAIMS-MADE	Y	Y				AGGREGATE	$5,000,000
	DED / RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			POLICY NUMBER	01/01/2017	01/01/2018	X WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A	Y				E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
D	Personal Property/Contents		Y	POLICY NUMBER	01/01/2017	01/01/2018	$ CONTENTS VALUE	

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

Memorial City Place, 9821 Katy Freeway, Houston, Texas 77024

Additional Insured in favor of Metro National Corp. and Memorial City Towers, Ltd with regards to Automobile Liability, General Liability and Umbrella Liability policies. Waiver of Subrogation in favor of Metro National Corp. and Blex Exchange II LP with regards to all policies. Insured's policies are Primary and Non-Contributory. A 30-day notice of cancellation is provided to the certificate holder.

CERTIFICATE HOLDER	CANCELLATION
Memorial City Towers, Ltd c/o Metro National Corporation 9811 Katy Freeway, Suite 250 Houston, TX 77024	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

SAMPLE

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