



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

| <b>PRODUCER</b><br>Insurance Agent/Broker Name<br>Insurance Agent/Broker Street Address/PO<br>Insurance Agent/Broker City, State, Zip Code<br>Contact & Phone Number | <b>CONTACT NAME:</b> Insurance Agent/Broker Name<br><b>PHONE (A/C, No. Ext):</b> Agency Phone Number <b>FAX (A/C, No.):</b> Agency Fax #<br><b>E-MAIL ADDRESS:</b> Agent email address  |                               |  |        |   |  |       |   |  |       |   |  |       |   |  |       |   |  |       |   |  |
|--|---|-------------------------------|--|--------|---|--|-------|---|--|-------|---|--|-------|---|--|-------|---|--|-------|---|--|
|  | <table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Name of Insurance Company (if applicable)</td> <td></td> <td>XXXXX</td> </tr> <tr> <td><b>INSURER B:</b> Name of Insurance Company (if applicable)</td> <td></td> <td>XXXXX</td> </tr> <tr> <td><b>INSURER C:</b> Name of Insurance Company (if applicable)</td> <td></td> <td>XXXXX</td> </tr> <tr> <td><b>INSURER D:</b> Name of Insurance Company (if applicable)</td> <td></td> <td>XXXXX</td> </tr> <tr> <td><b>INSURER E:</b> Name of Insurance Company (if applicable)</td> <td></td> <td>XXXXX</td> </tr> <tr> <td><b>INSURER F:</b> Name of Insurance Company (if applicable)</td> <td></td> <td>XXXXX</td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | <b>INSURER A:</b> Name of Insurance Company (if applicable) |  | XXXXX | <b>INSURER B:</b> Name of Insurance Company (if applicable) |  | XXXXX | <b>INSURER C:</b> Name of Insurance Company (if applicable) |  | XXXXX | <b>INSURER D:</b> Name of Insurance Company (if applicable) |  | XXXXX | <b>INSURER E:</b> Name of Insurance Company (if applicable) |  | XXXXX | <b>INSURER F:</b> Name of Insurance Company (if applicable) |  |
| INSURER(S) AFFORDING COVERAGE  |   | NAIC #                        |  |        |   |  |       |   |  |       |   |  |       |   |  |       |   |  |       |   |  |
| <b>INSURER A:</b> Name of Insurance Company (if applicable)  |   | XXXXX                         |  |        |   |  |       |   |  |       |   |  |       |   |  |       |   |  |       |   |  |
| <b>INSURER B:</b> Name of Insurance Company (if applicable)  |   | XXXXX                         |  |        |   |  |       |   |  |       |   |  |       |   |  |       |   |  |       |   |  |
| <b>INSURER C:</b> Name of Insurance Company (if applicable)  |   | XXXXX                         |  |        |   |  |       |   |  |       |   |  |       |   |  |       |   |  |       |   |  |
| <b>INSURER D:</b> Name of Insurance Company (if applicable)  |   | XXXXX                         |  |        |   |  |       |   |  |       |   |  |       |   |  |       |   |  |       |   |  |
| <b>INSURER E:</b> Name of Insurance Company (if applicable)  |   | XXXXX                         |  |        |   |  |       |   |  |       |   |  |       |   |  |       |   |  |       |   |  |
| <b>INSURER F:</b> Name of Insurance Company (if applicable)  |   | XXXXX                         |  |        |   |  |       |   |  |       |   |  |       |   |  |       |   |  |       |   |  |
| <b>INSURED</b><br>Vendor Name<br>Vendor Address<br>City, State, Zip  |   |                               |  |        |   |  |       |   |  |       |   |  |       |   |  |       |   |  |       |   |  |

**COVERAGES**

CERTIFICATE NUMBER: XXXXXXXXX

REVISION NUMBER: XXXXXXXX

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        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X         | X        | 00123-456-789 |                         |                         | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS   | X         | X        | 00123-456-789 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| C        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   | X         | X        | 00123-456-789 |                         |                         | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000   |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>Y  | N/A      | X             | 00123-456-789           |                         | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                               |
| E        | Pollution Liability (If applicable)   |           |          | 00123-456-789 |                         |                         | Aggregate - \$1,000,000  |

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

Location: (601 13th Street, Homer Office Building, Washington, DC 20005)

601 Thirteenth Street NW Associates Limited Partnership and The John Akridge Management Company, and their affiliates, subsidiaries, partners, agents, directors, officers and employees of any of them are included as Additional Insureds under all policies except workers compensation for both premises/operations and products completed operations coverage on a primary and non-contributory basis. A waiver of subrogation in favor of the Additional Insureds is included on all policies. All policies include 30 days written notice for cancellation, non-renewal or material change in coverage to the Additional Insureds.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| The John Akridge Management Company<br>c/o HUB International Northeast Limited<br>980 Jolly Road, Suite 100<br>Blue Bell, PA 19422 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br>XXXXXXXXXXXXX |
|--|--|

**VENDORS/CONTRACTORS TIERS CATEGORIZED BY HAZARD CLASS-  
Required General Liability Limits**

**Minimum \$1,000,000 liability requirement, per occurrence:**

|   |                 |                          |
|---|-----------------|--------------------------|
| Landscapers   | Cable companies | Concrete Floor Sealers** |
| Lawn service  | Walk off mats   | Locksmith                |
| Sign companies ( ground level – co cranes or scaffolding) | Carpet cleaners | Carpet/tile installers   |
| Trash/Recycling Haulers*                                  |                 |                          |

**Moderate Risk – Minimum \$5,000,000 liability requirement, per occurrence:**

|  |   |
|--|---|
| Plumbers   | Paving contractors (parking lots, streets)  |
| Painters   | Lighting Controls   |
| Framers  | Concrete/masonry contractors  |
|  | Welders   |
| Electricians   | Pesticide service***  |
| Drywall repairs  | Remediation Contractors***  |
| Concierge services   | Housekeeping/janitorial   |
| Specialty cleaning (metal, stone, wood)**  | Water treatment   |
| Consultants  | AED equipment/maintenance   |
| Air Quality  | Diesel suppliers**  |
| Alarm monitoring companies   | HVAC installation/equipment/maintenance/repair  |
| Building Automation Systems (BAS)  | Snow Removal Contractors  |
| Parking Lot Sweepers*  | Fitness Center equipment/ maintenance/repair  |
| Sign Installation ( additional limits may be required depending on scope of project) | General Contractors (additional limits may be required depending on scope of project) |

**Minimum \$10,000,000 liability requirement, per occurrence:**

|  |
|--|
| Window Cleaners                          |
| Roofers & structural contractors         |
| Elevator equipment/maintenance           |
| Security Guards                          |
| Fire & Life safety equipment/maintenance |
| Scaffolding Contractors                  |

\* Additionally, Minimum \$2,000,000 Auto Liability limits required .

\*\* General Liability must include products pollution liability

\*\*\* Contractors Pollution Liability required