

Tenant Sample Certificate of Insurance

(ACTUAL COVERAGE/LIMITS WILL VARY ACCORDING TO LEASE REQUIREMENTS)

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
TBD

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

AGENT INFORMATION

INSURED

TENANT INFORMATION

CONTACT
NAME:
PHONE
(A/C, No. Ext):
E-MAIL
ADDRESS

FAX
(A/C, No):

INSURER(S) AFFORDING COVERAGE

INSURER A : INSURANCE COMPANY NAME

INSURER B : INSURANCE COMPANY NAME

INSURER C : INSURANCE COMPANY NAME

INSURER D : INSURANCE COMPANY NAME

INSURER E : INSURANCE COMPANY NAME

INSURER F : INSURANCE COMPANY NAME

NAIC #

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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required-
Re: 820 Gessner, Suite # _____, Houston, Texas 77024.

Additional insured in favor of Memorial City Towers, Ltd. and Metro National Corporation with regards to Automobile Liability, General Liability and Umbrella Liability policies. Waiver of Subrogation in favor of Memorial City Towers, Ltd. and Metro National Corporation with regard to all policies which will be considered Primary and Noncontributory. Memorial City Towers, Ltd is a Loss Payee as its interest appears for the property policy.
A 30-day notice of cancellation is provided to the certificate holder.

CERTIFICATE HOLDER

Memorial City Towers, Ltd.
c/o Metro National Corporation
820 Gessner, Suite 200
Houston, TX 77024

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