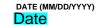


TENANT COI TEMPLATE TO BE COMPLETED

CERTIFICATE OF LIABILITY INSURANCE



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 have ADDITIONAL INSURED provisions or 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) CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: HALLDEV-01 **Tenant Name** INSURER B: **Tenant Address** INSURER C: INSURER D : INSURER E : INSURER F : **COVERAGES CERTIFICATE NUMBER: 446213288 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	SR TR TYPE OF INSURANCE		ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Χ	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 Specific
		CLAIMS-MADE X OCCUR				Start	End	PREMISES (Ea occurrence)	\$ 100,000 limits
						Date	Date	MED EXP (Any one person)	\$10,000 are listed
			X	X				PERSONAL & ADV INJURY	\$ 1,000,000 in lease
	_	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$ <mark>2,000,000</mark>
		OTHER:							\$
	AU.	FOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	AN	Y AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
С		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
l _B		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		AND EMPLOYERS LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
١.	Pro	ofessional Liability							
A	Cla	aims Made							

Certificate Holder is a an additional insured solely with respect to general liability coverage as required by written contact with respect to the premises leased by the Named Insured at (Insert Tenants address).

Certificate Holder, it's subsidiaries and affiliates and it's and their respective employees, agents, officers and directors are named as Additional Insured on a primary non-contributory basis included completed operations with respect to General Liability.

CENTIFICATE HOLDEN	CANCELLATION			
(Insert Landlord's name) and Accountable Management and Realty, Inc. 2406 Cypress Glen Dr. Suite #101 Wesley Chapel, FL 33544	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			

CANCELLATION

CERTIFICATE HOLDER