

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).

PRODUCER		CONTACT NAME:										
		PHONE (A/C, No, Ext):	FAX (A/C, No):									
	Insurance Agency and Address	E-MAIL ADDRESS:										
		INSURER(S) AFFORDING COVERAGE										
		INSURER A:										
INSURED		INSURER B:	List Insurers Here.									
	Vendor Name and Address	INSURER C:		.: L								
		INSURER D :	Each must have an AM Best rating									
		INSURER E :	of A-; VIII or better.	J								
		INSURER F :										

COVERAGES

CERTIFICATE 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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PRO- LOC PIECE LOC	X	X				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$1,000,000 \$ \$ \$ \$ \$ \$2,000,000 \$
В	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS		SA	MPLE VENI	DOR	COI	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$1,000,000 \$ \$ \$ \$
C	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADI	:		Please review contract for	or umbrella l	imits.	EACH OCCURRENCE AGGREGATE	s up to \$10M s up to \$10M
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	May be required per the extent required		the	WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$1,000,000 \$ \$1,000,000 \$ \$1,000,000

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

This area must list Healthpeak Medical Office Properties, Inc. as well as its subsidiaries and affiliates, Holladay Properties Services Midwest, Inc. and MOB/Bay - 1 of Florida, LLC additional insured as respects to general liability, auto liability, umbrella/excess liability insurances. Regarding properties- 2833 - Bayfront Medical Plaza, 603 Seventh Street South

SUBROGATION IN FAVOR OF BUILDING OWNER, MANAGEMENT COMPANY, and LANDLORD MAY BE REQUIRED ON POLICIES PER THE CONTRACT.

CERTIFICATE HOLDER

Healthpeak Medical Office Properties, Inc. (including Subsidiaries & Affiliates c/o Holladay Properties Services Midwest, Inc. 2710 Old Lebanon Rd, Suite 5 Nashville, TN 37214

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

ACORD 25 (2010/05)

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