

CERTIFICATE OF LIABILITY INSURANCE					Effective Date:	
PRODUCER NAME:		Name of Insurance Company Here		THIS IS A SAMPLE ACCORD 25 FORM FOR THE PURPOSE OF SHOWING A TENANT WHAT IS REQUIRED FOR INSURANCE PRIOR TO MOVE IN.		
ADDRESS:		Address of Insurance Company Here				
CITY, STATE, ZIP:		City, State, Zip of Insurance Co. Here				
PHONE:		FAX:				
Contact Email:				Contact Name:		
INSURED:				COMPANIES AFFORDING COVERAGE		
TENANT:		Tenant Name must be same as Section 1.2 of Lease		RATING NO LOWER THAN A:10		
ADDRESS:				COMPANY A:		
CSZ:				COMPANY B:		
				COMPANY C:		
COVERAGES:						
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.						
COVERAGE LETTER	TYPE OF INSURANCE	POLICY NUMBER	Effective Policy Dates		POLICY LIMITS	
			From	To		
A	General Liability:	Policy Number Here	Start Date	Expires	Aggregate 2 million	
	[X] Commercial General Liability				Per Occurrence 1 million	
	[X] Per Location				Please refer to Section 7.6 of your Lease	
					Here	Date Here
B	Umbrella Coverage	Policy Number Here	Start Date	Expires	Policy Limit 1 million	
	[X] Umbrella Policy		Here	Date Here		
Umbrella coverage cannot be waived in lieu of increasing GL					Please refer to Section 7.6 of your Lease	
C	Workers' Compensation	Policy Number Here	Start Date	Expires	Ea. Accident 100,000	
			Here	Date Here	Ea. Occurrence 100,000	
If you are not required to carry Workers Compensation per					Policy Limit 500,000	
NC State Law, please complete the attached waiver form					Please refer to Section 7.6 of your Lease	
D	Automobile					
Description of Operations & Location:			This Section MUST read exactly as follows:			
Certificate Holder (Landlord), its partners, officers, directors, employees, members, agents (including the current authorized agent) and representatives are additional insureds hereunder.						
The Lease Premises address must be shown on this certificate as the insured location:						
CERTIFICATE HOLDER (Landlord) (Section 1.1)				CANCELLATION:		
Raleigh Portfolio _____, LLC				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED		
2700-178 Sumner Boulevard				BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY		
Raleigh, North Carolina 27616				WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE		
Your insurance must be emailed or faxed to Landlord				CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL		
prior to turn over.				SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY		
Email to: sroyster@BPGmanagementNC.com				KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
or fax to: 919-876-7215				AUTHORIZED REPRESENTATIVE MUST SIGN BELOW		