Tenant Sample Certificate of Insurance

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

ACORD... CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NUMBER

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					
	PHONE (A/C, No, Ext):	FAX (A/C, No):			
AGENT INFORMATION	E-MAIL ADDRESS	- (<i>N</i> 0, N0).			
	INSURER(S) AFFORDING COVER	AGE	NAIC #		
	INSURER A : INSURANCE COMPANY NAME				
INSURED	INSURER B : INSURANCE COMPANY NAME				
	INSURER C : INSURANCE COMPANY NAME				
TENANT INFORMATION	INSURER D : INSURANCE COMPANY NAME				
	INSURER E : INSURANCE COMPANY NAME				

COVERAGES

00				REVISION NONDER.				
Т	HIS IS TO CERTIFY THAT THE POLI	IES OF INSU	URANCE LISTED BELOW HAVE BE	EN ISSUED TO	THE INSURED	NAMED ABOVE FOR THE	E POLICY PERIOD	
١N	DICATED. NOTWITHSTANDING ANY	REQUIREME	NT, TERM OR CONDITION OF ANY	CONTRACT O	R OTHER DO	CUMENT WITH RESPECT	TO WHICH THIS	
С	ERTIFICATE MAY BE ISSUED OR M	Y PERTAIN,	THE INSURANCE AFFORDED BY	THE POLICIES	DESCRIBED	HEREIN IS SUBJECT TO	ALL THE TERMS,	
Е	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR		ADDL SUE	BR	POLICY EFF	POLICY EXP			
LTR	TYPE OF INSURANCE	INSR WV	D POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS	
Δ	GENERAL LIABILITY			TRD	TRD		¢1 000 000	

Α	GENERAL LIABILITY			POLICY NUMBER	TBD	TBD	EACH CCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	CLAIMS-MADE X OCCUR	Y	Y				MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	POLICY X PRO- JECT LOC							\$
A				POLICY NUMBER	TDB	TBD	COMBINED SINGLE LIMIT Ea accident	\$1,000,000
							BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS	Y	Y				BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
в	X UMBRELLA LIAB X OCCUR	Y	Y	POLICY NUMBER	TBD	TBD	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE	1 .	ľ				AGGREGATE	\$5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			POLICY NUMBER	TBD	TBD	X WC STATU- TORY LIMITS OTH-	
c l	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000,000
Ē	OFFICER/MEMBER EXCLUDED?		Y				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
	PERSONAL PROPERTY/CONTENTS	RSONAL PROPERTY/CONTENTS N/A Y POLICY NUMBER TBD TBD \$CONTENTS VALUE		Ε				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required-Re: 945 Bunker Hill, Suite # , Houston, Texas 77024 and 9820 Gaylord, Houston, Texas 77024

Additional insured in favor of MN Coxen, LLC and Metro National Corporation with regards to Automobile Liability, General Liability and Umbrella Liability policies. Waiver of Subrogation in favor of MN Coxen, LLC and Metro National Corporation with regard to all policies which will be considered Primary and Noncontributory. MN Coxen, LLC 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	CANCELLATION
MN Coxen, LLC c/o Metro National Corporation	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
960 Memorial City Way, Suite 300 Houston, TX 77024	AUTHORIZED REPRESENTATIVE