

CERTIFICATE OF LIABILITY INSURANCE

DATE (xx/xx/xx)

PRODUCER COMPANY/BUSINESS SELLING INS. ADDRESS HERE	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
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COMPANIES AFFORDING COVERAGE

INSURED Contractor-Vendor Name Must Match Name on Contract. DBA Not Acceptable, Must be Legal Entity that Contracted	COMPANY A Insurance Carrier [Minimum Best Rating = A-:VII]
	COMPANY B Insurance Carrier [Minimum Best Rating = A-:VII]
	COMPANY C Insurance Carrier [Minimum Best Rating = A-:VII]
	COMPANY D Insurance Carrier [Minimum Best Rating = A-:VII]

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.

CO LTR	TYPE OF INSURANCE	AI	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	All vendors \$1,000,000 Group I Vendors: or \$4,000,000 LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY COVERAGE	X	xxx xxxxxx	xx/xx/xxxx	xx/xx/xxxx	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	xxx xxxxxx	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				Applicable to Group I Vendors only	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL		xxx xxxxxx	xx/xx/xxxx	xx/xx/xxxx	WC STATUTORY <input checked="" type="checkbox"/> EL EACH ACCIDENT \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000 EL DISEASE-EA EMPLOYEE \$ 1,000,000
D	OTHER: COMMERCIAL CRIME COVERAGE* <small>*applies only to Janitorial, Security, Parking, Carpet Cleaning, Interior Window Washing and 3rd party Engineering contractors</small>		xxx xxxxxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ 500,000 AGGREGATE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
ADDITIONAL INSURED:

Hines Interests Limited Partnership, a Delaware limited partnership and WARNER CENTER ACQUISITIONS PARTNERS, LLC, a Delaware limited liability company and their Shareholders, Partners, Agents and Employees & LNR Warner Center Property Owners Association

Also please identify the job or the name of the Insured's client or customer on the COI

CERTIFICATE HOLDER	CANCELLATION
WARNER CENTER ACQUISITIONS PARTNERS, LLC 5820 Canoga Avenue, Suite 220 Woodland Hills, CA 91367	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT
	AUTHORIZED REPRESENTATIVE NAME HERE Signature Here