

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

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 POLICES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS, 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  Insurance Company 123 ABC Street City, State 90000	CONTACT NAME:	
	PHONE	
	A/C, No, Ext:	FACILITY A/C, No:
	EMAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED  <b>Company Name</b> 123 ABC Street City, State 90000	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Crossroads Atrium Building  
Tenants Sample Certificate

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP. (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (ea. occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR						MED EXP (any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$2,000,000
	POLICY    PROJ ECT    LOC						GENERAL AGGREGATE \$2,000,000
							PRODUCT- COMP/OP AGG \$
							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (ea. accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE						AGGREGATE \$
	DED    RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS    OTH ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					EL EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			EL DISEASE - EA EMPLOYEE \$
							EL DISEASE - POLICY LIMIT \$

As required by State. Please submit Evidence of Limits, Carrier and Policy Number.

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

**Additional Insured:** RR & C Development Company, a California general partnership, Redlands Joint Venture, LLC, a California limited liability company and Crossroads Atrium Building- 13181/13191 Crossroads Parkway No., Ste. ---, City of Industry, CA 91746.

Insurance is Primary & Non-contributory, Waiver of Subrogation Applies as required by written contract

CERTIFICATE HOLDER	PHONE (562) 948-4320    FAX (562) 695-0441	CANCELLATION
Majestic Management Co., as agent for RR & C Development Co., a California general partnership and Redlands Joint Venture, LLC., a California limited liability company 13191 Crossroads Parkway North, Ste. 225 City of Industry, CA 91746		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

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED ---OWNERS, LESSEES OF  
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**Crossroads Atrium Building  
Tenant Sample Certificate**  
SCHEDULE

**Name of Person or Organization:**

**RR & C Development Company, a California general partnership,  
Redlands Joint Venture, LLC, a California limited liability company and Crossroads Atrium Building**

**Designation of Premises:**

**13181/13191 Crossroads Parkway No., Ste. ---, City of Industry, CA**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule. But only

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF  
RECOVERY AGAINST OTHERS TO US**

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This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**Crossroads Atrium Building  
Tenant Sample Certificate  
SCHEDULE**

**Name of Person or Organization:**

**RR & C Development Company, a California general partnership,  
Redlands Joint Venture, LLC, a California limited liability company and Crossroads Atrium Building**

**Designation of Premises:**

**13181/13191 Crossroads Parkway No., Ste. ---, City of Industry, CA**

**THE FOLLOWING IS ADDED TO SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 8.  
TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US:**

We waive any right of recovery we may have against the person or organization shown in the SCHEDULE above because of payment we make for injury or damage arising out of your ongoing operations, "your product" or "your work" done under a written contract with that person or organization and included in the "product-completed operations hazard". This waiver applies only to the person or organization shown in the SCHEDULE above.

**This endorsement effective: xx/xx/xx**

**Forms part of Policy Number: xxxxxx**

**Issued to: (Tenants Name)**

**By: (Insurance Company)**

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TO BE ATTACHED TO CERTIFICATE

## Primary Insurance

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This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**Crossroads Atrium Building  
Tenants Sample Certificate**

**Name of Person or Organization:**

It is further agreed that such insurance as is afforded by this policy for the benefit of the additional insured shown below shall be primary insurance, and any insurance maintained by the additional insured shall be non-contributing.

**Additional Insured:**

**RR & C Development Company, a California general partnership,  
Redlands Joint Venture, LLC, a California limited liability company and Crossroads Atrium Building**

All other terms and conditions remain unchanged.

**This endorsement effective: xx/xx/xx**

**Forms part of Policy Number: xxxxx**

**Issued to: (Tenants Name)**

**By: (Insurance Company)**

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Agent (INK SIGNATURE)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## LIABILITY ENDORSEMENT

This endorsement applies to the following forms:

GENERAL LIABILITY COMMON POLICY CONDITIONS

**Crossroads Atrium Building  
Tenants Sample Certificate**

### CANCELLATION CLAUSE:

IT IS AGREED THAT THE CANCELLATION CONDITION OF THIS POLICY IS AMENDED TO INCLUDE THE FOLLOWING:

IF WE CANCEL OR NON-RENEW THIS POLICY, WE SHALL MAIL OR DELIVER SUCH WRITTEN NOTICE OF CANCELLATION OR NON-RENEWAL TO THE BELOW LISTED ADDITIONAL INSURED(S) AT LEAST 30 DAYS BEFORE THE EFFECTIVE DATE OF SUCH CANCELLATION OR NON-RENEWAL.

**ADDITIONAL INSURED: RR & C Development Company, a California general partnership, Redlands Joint Venture, LLC, a California limited liability company and Crossroads Atrium Building**

All other terms and conditions remaining unchanged.

This endorsement effective: **xx/xx/xx**  
Forms part of Policy Number: **xxxxx**  
Issued to: **(Tenants Name)**  
By: **(Insurance Company)**

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Agent (INK SIGNATURE)