

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 POLICIES 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 <p style="text-align: center;">Insurance Company 123 ABC Street City, State 90000</p>	CONTACT NAME: PHONE A/C, No, Ext: _____ FAX A/C, No: _____ EMAIL ADDRESS: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A:															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED <p style="text-align: center;">Company Name 123 ABC Street City, State 90000</p>															

COVERAGES	CERTIFICATE NUMBER	REVISION NUMBER
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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
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT \$ _____ POLICY _____ PROJ ECT _____ LOC _____						EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (ea. occurrence) \$ MED EXP (any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCT- COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						As required by State. Please submit Evidence of Limits, Carrier and Policy Number. COMBINED SINGLE LIMIT (ea. accident) \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			As required by State. Please submit Evidence of Limits, Carrier and Policy Number. WC STATUTORY LIMITS _____ OTHER _____ EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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 and The Park at Crossroads- 13300 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 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
Majestic Management Co., as agent for RR & C Development Co., a California general partnership 13191 Crossroads Parkway North, Ste. 225 City of Industry, CA 91746	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ---OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**The Park at Crossroads
Tenant Sample Certificate**
SCHEDULE

Name of Person or Organization:

RR & C Development Company, a California general partnership and The Park at Crossroads

Designation of Premises:

13300 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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

The Park at Crossroads Tenant Sample Certificate

SCHEDULE

Name of Person or Organization:

RR & C Development Company, a California general partnership, and The Park at Crossroads

Designation of Premises:

13300 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: xxxxx

Issued to: (Tenants Name)

By: (Insurance Company)

TO BE ATTACHED TO CERTIFICATE

Primary Insurance

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**The Park at Crossroads
Tenant 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 and The Park at Crossroads

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)

Agent (INK SIGNATURE)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIABILITY ENDORSEMENT

This endorsement applies to the following forms:

GENERAL LIABILITY COMMON POLICY CONDITIONS

**The Park at Crossroads
Tenant 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 and The Park at Crossroads

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)

Agent (INK SIGNATURE)
