

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER

[Insurance Broker Name and Address]

CODE SUB-CODE

[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.]

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER A	<i>[Name of Insurance Carrier]</i>
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

[Tenant's Name and Address]

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 RESPECTS 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	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENRL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTR'S PROT.	<i>[Policy Number]</i>	<i>[xx/xx/xx]</i>	<i>[xx/xx/xx]</i>	GENERAL AGGREGATE	\$ 2,000,000
	PRODUCTS-COMP/OPS AGGREGATE				\$ 1,000,000	
	PERSONAL & ADVERTISING INJURY				\$ 1,000,000	
	EACH OCCURRENCE				\$ 1,000,000	
	FIRE DAMAGE (Any one fire)				\$	
	MEDICAL EXPENSE (Any one person)				\$ 5,000	
A	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 <input type="checkbox"/> GARAGE LIABILITY	<i>[Policy Number]</i>	<i>[xx/xx/xx]</i>	<i>[xx/xx/xx]</i>	COMBINED SINGLE LIMIT	
	BODILY INJURY (PER PERSON)				\$	
	BODILY INJURY (PER ACCIDENT)				\$	
	PROPERTY DAMAGE				\$	
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	AGGREGATE
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	<i>[Policy Number]</i>	<i>[xx/xx/xx]</i>	<i>[xx/xx/xx]</i>	X WC	
					\$ STATUTORY (EACH ACCIDENT)	
					\$ STATUTORY (DISEASE-POLICY LIMIT)	
	OTHER				\$ STATUTORY (DISEASE-EACH EMPLOYEE)	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TERMS
HCP MOB Scottsdale LLC and CBRE, Inc are named as additional insureds per forms CG2010 0704 and CG 2037 0407 or equivalent.
(See endorsements attached)

CERTIFICATE HOLDER

**HCP MOB Scottsdale LLC
and CBRE, Inc.**
10200 N. 92nd Street
Suite 220
Scottsdale, AZ 85258

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