

Tenant Sample Certificate of Insurance

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

DATE (MM/DD/YYYY)
TBD

PRODUCER		CONTACT NAME:	
AGENT INFORMATION		PHONE	
		(A/C, No, Ext):	
		FAX (A/C, No):	
		E-MAIL ADDRESS	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED		INSURER A : INSURANCE COMPANY NAME	
TENANT INFORMATION		INSURER B : INSURANCE COMPANY NAME	
		INSURER C : INSURANCE COMPANY NAME	
		INSURER D : INSURANCE COMPANY NAME	
		INSURER E : INSURANCE COMPANY NAME	
		INSURER F : INSURANCE COMPANY NAME	

CERTIFICATE HOLDER	CANCELLATION
Blex Exchange II LP c/o Metro National Corporation 9811 Katy Freeway, Suite 250 Houston, TX 77024	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