

Tenant Sample Certificate of Insurance
(ACTUAL COVERAGE/LIMITS WILL VARY ACCORDING TO LEASE REQUIREMENTS)

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
TBD

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 INSURER(S), 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 AGENT INFORMATION	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS														
INSURED TENANT INFORMATION	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td><td style="text-align: center;">NAIC #</td></tr><tr><td>INSURER A : INSURANCE COMPANY NAME</td><td></td></tr><tr><td>INSURER B : INSURANCE COMPANY NAME</td><td></td></tr><tr><td>INSURER C : INSURANCE COMPANY NAME</td><td></td></tr><tr><td>INSURER D : INSURANCE COMPANY NAME</td><td></td></tr><tr><td>INSURER E : INSURANCE COMPANY NAME</td><td></td></tr><tr><td>INSURER F : INSURANCE COMPANY NAME</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : INSURANCE COMPANY NAME		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	
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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/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			POLICY NUMBER	TBD	TBD	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y				DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$100,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			POLICY NUMBER	TDB	TBD	COMBINED SINGLE LIMIT Ea accident
	<input checked="" type="checkbox"/> ANY AUTO						\$1,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	Y	Y				BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			POLICY NUMBER	TBD	TBD	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE	Y	Y				\$5,000,000
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE
							\$5,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			POLICY NUMBER	TBD	TBD	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N					E.L. EACH ACCIDENT
		<input checked="" type="checkbox"/> N	Y				\$1,000,000
							E.L. DISEASE - EA EMPLOYEE
						\$1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	PERSONAL PROPERTY/CONTENTS	N / A	Y	POLICY NUMBER	TBD	TBD	\$ CONTENTS VALUE

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

Re: 9807 Katy Freeway, Suite # _____, Houston, Texas 77024 and 9809 Katy Freeway, Houston, Texas 77024.

Additional insured in favor of Blex Exchange II LP., ALKF, LLC and Metro National Corporation with regards to Automobile Liability, General Liability and Umbrella Liability policies. Waiver of Subrogation in favor of Blex Exchange II LP., ALKF, LLC and Metro National Corporation with regard to all policies which will be considered Primary and Noncontributory. Blex Exchange II LP is a Loss Payee as its interest appears for the property policy.

A 30-day notice of cancellation is provided to the certificate holder.

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