

ACORD CERTIFICATE OF INSURANCE						ISSUE DATE (MM/DD/YY)
PRODUCER [Insurance Broker Name and Address]		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.				
CODE SUB-CODE		COMPANIES AFFORDING COVERAGE				
INSURED [Vendor's Name and Address]		COMPANY LETTER A [Name of Insurance Carrier]				
		COMPANY LETTER B				
		COMPANY LETTER C				
		COMPANY LETTER D				
		COMPANY LETTER E				
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 SUEDE OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DISCLOSED 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	[Policy Number]	[xx/xx/xx]	[xx/xx/xx]	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADVERTISING INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Anyone fire)	\$ 50,000
				MEDICAL EXPENSE (Anyone person)	\$ 5,000	
A	AUTOMOBILE LIABILITY	[Policy Number]	[xx/xx/xx]	[xx/xx/xx]	COMBINED SINGLE LIMIT	1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
<input type="checkbox"/> GARAGE LIABILITY						
X	EXCESS LIABILITY				EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$ 2,000,000
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	[Policy Number]	[xx/xx/xx]	[xx/xx/xx]	STATUTORY	
					\$ 1,000,000 (EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)
					\$	(DISEASE-EACH EMPLOYEE)
	OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TERMS Certificate holder is named as additional insured per form CG2010 11/85 Form B or equivalent. (See endorsement attached)						
CERTIFICATE HOLDER				CANCELLATION		
CB Richard Ellis Inc. and [Owner of Property]				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		
ACORD 25-S (3/88)				©ACORD CORPORATION 1988		

Service Contract – CB Richard Ellis Rev 2/10/10
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