

SAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
Current Date

PRODUCER INSURANCE AGENCY/COMPANY INFORMATION TO BE ENTERED HERE		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 A ALL INSURANCE CARRIERS TO BE SHOWN	
		COMPANY B (Note letter designation on left side of form.)	
		COMPANY C	
		COMPANY D	

COVERAGE

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 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 DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY	NOTE 1			GENERAL AGGREGATE	\$ 2,000,000.00
<input checked="" type="checkbox"/>	COMMERCIAL GEN. LIAB.	POLICY NUMBER TO BE ENTERED.	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	PRODUCTS-COMP/OP AGG.	\$ 2,000,000.00
<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV INJURY	\$ 2,000,000.00
<input type="checkbox"/>	OWNER'S CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 2,000,000.00
					FIRE DAMAGE (Any one fire)	\$ 1,000,000.00
					MED EXP (Any one person)	\$ 5,000.00
					COMBINED SINGLE LIMIT	\$ 1,000,000.00
	AUTOMOBILE	NOTE 2			BODILY INJURY	
<input checked="" type="checkbox"/>	ANY AUTO	POLICY NUMBER TO BE ENTERED.	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	(Per Person)	\$
<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY	
<input type="checkbox"/>	SCHEDULED AUTOS				(Per Accident)	\$
<input checked="" type="checkbox"/>	HIRED AUTOS				PROPERTY DAMAGE	\$
<input checked="" type="checkbox"/>	NON-OWNED AUTOS				AUTO ONLY - EA. ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY	NOTE 3: TO BE COMPLETED IF	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	EACH OCCURRENCE	****
<input checked="" type="checkbox"/>	UMBRELLA FORM	NOTE 1 IS NOT \$ 2 MIL & NOTES			AGGREGATE	\$
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM	2 & 4 ARE NOT \$1 MIL				
	WORKERS COMPENSATION & EMPLOYERS' LIABILITY	NOTE 4			WC STATUTORY LIMITS	Statutory
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	POLICY NUMBER TO BE ENTERED.	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	OTHER	
	<input type="checkbox"/> INCL.				EL EACH ACCIDENT	\$ 1,000,000.00
	<input type="checkbox"/> EXCL.				EL DISEASE - POLICY LIMIT	\$ 1,000,000.00
					EL DISEASE - EA EMPLOYEE	\$ 1,000,000.00
	OTHER				**** Excess/ Umbrella Limit in an amount satisfactory to meet the requirements of Notes 1,2, & 4	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ADDITIONAL INSURED: COLUMBIA MALL PARTNERSHIP, a Delaware general partnership, its Managing Agent, Simon Property Group, Inc., and their respective officers, directors, shareholders, members, partners, parents, subsidiaries, related and affiliated entities, agents, servants, and employees.

(Additional Insured must be worded as above.)

CERTIFICATE HOLDER Columbia Center 1321 N. Columbia Center Blvd, Suite 335 Kennewick WA 99336	CANCELLATION 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.
(Certificate Holder must be worded as above.)	AUTHORIZED REPRESENTATIVE ORIGINAL SIGNATURE REQUIRED