



SAMPLE CERTIFICATE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Name of Agent Address of Agent City/State/Zip Code	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : Name of Carrier (A-8 Rating or Better)</td> <td></td> </tr> <tr> <td>INSURER B : Name of Carrier (A-8 Rating or Better)</td> <td></td> </tr> <tr> <td>INSURER C : Name of Carrier (A-8 Rating or Better)</td> <td></td> </tr> <tr> <td>INSURER D : Name of Carrier (A-8 Rating or Better)</td> <td></td> </tr> <tr> <td>INSURER E : Name of Carrier (A-8 Rating or Better)</td> <td></td> </tr> <tr> <td>INSURER F : Name of Carrier (A-8 Rating or Better)</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Name of Carrier (A-8 Rating or Better)		INSURER B : Name of Carrier (A-8 Rating or Better)		INSURER C : Name of Carrier (A-8 Rating or Better)		INSURER D : Name of Carrier (A-8 Rating or Better)		INSURER E : Name of Carrier (A-8 Rating or Better)		INSURER F : Name of Carrier (A-8 Rating or Better)	
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INSURER F : Name of Carrier (A-8 Rating or Better)															
INSURED Name of Contractor/Vendor Address of Contractor/Vendor City/State/Zipcode															

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
	GENERAL LIABILITY						
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Eff Date	Exp Date	EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
<input type="checkbox"/>							MED EXP (Any one person) \$ 5,000
<input type="checkbox"/>							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 1,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
<input type="checkbox"/>	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						
<input checked="" type="checkbox"/>	ANY AUTO	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Eff Date	Exp Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 or
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person) \$ 1,000,000
<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				BODILY INJURY (Per accident) \$ 1,000,000
<input type="checkbox"/>							PROPERTY DAMAGE (Per accident) \$ 1,000,000
<input type="checkbox"/>							\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Policy Number	Eff Date	Exp Date	EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$ 5,000,000
<input type="checkbox"/>							\$
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Eff Date	Exp Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 100,000
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Eff Date	Exp Date	Limit: = \$5,000,000 Each Occurrence

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

Morgantown Crossings, L.P., Wolfson Group, Inc. and Citigroup are added as ADDITIONAL INSUREDS on a primary non-contributory basis with respect to all liability policies except Employers Liability. Waiver of Subrogation applies in favor of Cert Holder / Owner. With respect to General Liability, Additional Insured Status shall include coverage for both ongoing operations and completed operations using CG 20 26 11/85 (or its equivalent). 30 Days written notice of cancellation is required.

CERTIFICATE HOLDER Morgantown Crossings, L.P. 120 W. Germantown Pike, Suite 120 Plymouth Meeting, PA 19462 Fax #: (610) 277-8880	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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