

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/25/2008

PRODUCER Your Agent Address, State, Zip Telephone Number	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Your Company Name Your Address City, State, Zip Your Telephone Number	Insurer A: General Liability Insurance Co.	
	Insurer B: Automobile Insurance Co.	
	Insurer C: Umbrella Insurance Co.	
	Insurer D: Workers Compensation Ins. Co.	
	Insurer E: Pollution Liability Insurance	

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 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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> <input type="checkbox"/> Gen'l Aggregate Limit Applies Per <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> Loc				Each Occurrence	\$1,000,000
						Damage To Rented	
						Med Exp (one per.)	
						Personal & ADV Injury	
						General Aggregate	\$2,000,000
						Products-Comp/OP AGG	
B		Automobile Liability <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>				Combined Single Limit (Ea accident)	\$1,000,000
						Bodily Injury (Per Person)	
						Bodily Injury (Per accident)	
						Property Damage (Per Accident)	
						Auto Only-Ea Accident	
						Other than EA ACC	
						Auto Only AGG	
C		Excess/Umbrella Liability <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention \$				Each Occurrence	\$5,000,000
						Aggregate	\$5,000,000
D		Workers Compensation and Employer's Liability				<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other	
						E.L Each Accident	\$1,000,000
						E.L Disease-EA Employee	\$1,000,000
						E.L Disease-Policy Limit	\$1,000,000
		Other Property Insurance					

Description of Operations/Locations/Vehicles/Exclusions added by endorsement/special provisions

Insert Property Ownership Name; Shorenstein Company LLC; Shorenstein Realty Services, L.P; Shorenstein Properties LLC, Shorenstein Management, Inc. and their Respective Members, Partners, Executive Officers, Directors and Stockholders

Certificate Holder

Cancellation

Shorenstein Realty Services, L.P. Building Address City, State, Zip	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 INSURER, IT'S AGENTS OR REPRESENTATIVES.
	Authorized Representative