

CERTIFICATE OF LIABILITY INSURANCE

DATE (MW/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.

			11	NSURER A :			
INSURED		IA	INSURER B:				
(Full Legal Name of Te	t)	IN	INSURER C:				
(Address of the Tenant		IN	INSURER D:				
		In	INSURER E:				
				INSURER F:			
COVERAGES CE	CATE	NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE				BEEN ISSUED TO	THE INSURI		JCY PERIOD
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY	PERT	MIA	THE INSURANCE AFFORDED	BY THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO ALL T	
EXCLUSIONS AND CONDITIONS OF SUCH INSR LTR TYPE OF INSURANCE	ADDL	SUBR	r		POLICY EXP	LIMITS	
COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	[MM/DD/YYYY]	(MIM/DD/YYYY)		000 000
	1	_ _		DAMAGE TO RENTED .	000,000		
CLAIMS-MADE X OCCUR	Y	Y	**				10,000
Contractual Liability						MED EXP (Any one person) \$	
Broad Form Property Damage							000,000
GENL AGGREGATE LIMIT APPLIES PER:							000,000
POLICY X PRO- X LOC				1 1		PRODUCTS - COMP/OP AGG \$ 1,	000,000
OTHER:			-1			\$	Table Marian Control of the Control
AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS X MIRED AUTOS X AUTOS AUTOS AUTOS AUTOS						(Ea accident) \$ 1.0	000,000
	Y	Y				BODILY INJURY (Per person) \$	
						BODILY INJURY (Per accident) \$	
						PROPERTY DAMAGE 5	
						(Per accident)	
X UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE	V	(Y·		-		EACH OCCURRENCE \$ 5,0	000,000
							000,000
	1 '		i -				300,000
WORKERS COMPENSATION	+					X PER OTH-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERMEMBER EXCLUDED?							200 200
	N/A						000,000
(Mandatory in NH) If yes, describe under					H		000,000
DESCRIPTION OF OPERATIONS below		_				E.L. DISEASE - POLICY LIMIT \$ 1,0	000,000
Personal Investor		Y	*			Deductible not more than \$25,000	
Property Insurance		1				with coverage including "all risk"	
						and endorsement for replacement	cost basis.
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedule, m	ay be attached if more	space is require	rd)	
Leased Premises: INSERT PROPER	TV AI	DDRE	SS AND SHITE #			Company of the Compan	
Lines Francis, III DENT FROI EN		Ditt					
OMV Park Square LLC, Capital Propertie	s Servi	ces L1	C and Capital Properties Managers	ent. Inc. are each inc	luded as Additi	ional Insureds on the General Liability,	

OMV Park Square LLC, Capital Properties Services LLC and Capital Properties Management, Inc. are each included as Additional Insureds on the General Liability, Automobile Liability and Umbrella/Excess Liability policies, as required by written contract. Additional Insured Ongoing Operations applicable per ISO endorsement CG 2010 07/04, Primary and Non-Contributory coverage is included for Additional Insureds as required by written contract. Waiver of subrogation is included as required by written contract. Umbrella/Excess Liability insurance follows the form coverages listed on this Certificate of Liability Insurance

CERTIFICATE HOLDER	CANCELLATION				
OMV Park Square LLC, Capital Properties Services LLC and Capital Properties Management, Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
31 St. James Avenue – Suite 1020 Boston, MA 02116	AUTHORIZED REPRESENTATIVE				

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