

CERTIFICATE OF LIABILITY INSURANCE

DATE (xx/xx/xx)

PRODUCER COMPANY/BUSINESS SELLING INS. ADDRESS 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 Insurance Carrier [Minimum Best Rating = A:VII]
INSURED Contractor-Vendor Name Must Match Name on Contract. DBA Not Acceptable, Must be Legal Entity that Contracted	COMPANY B Insurance Carrier [Minimum Best Rating = A:VII]
	COMPANY C Insurance Carrier [Minimum Best Rating = A:VII]
	COMPANY D Insurance Carrier [Minimum Best Rating = A:VII]

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (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 checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY COVERAGE	xxx xxxxxx	xx/xx/xxxx	xx/xx/xxxx	GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS-COMP/OP AGG \$ 1,000,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 EACH OCCURRENCE \$ 1,000,000.00 FIRE DAMAGE (Any one fire) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	xxx xxxxxx	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				WC STATUTORY <input checked="" type="checkbox"/> \$ EL EACH ACCIDENT \$ 500,000.00 EL DISEASE-POLICY LIMIT \$ 500,000.00 EL DISEASE-EA EMPLOYEE \$ 500,000.00
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	xxx xxxxxx	xx/xx/xxxx	xx/xx/xxxx	
	OTHER:				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
ADDITIONAL INSURED:
 Insured names Inland American Office Management, L.L.C. and MB Minneapolis 8th Street, L.L.C.

CERTIFICATE HOLDER MB Minneapolis 8th Street, LLC c/o Inland American Office Management, LLC 80 South Eighth St., Suite 650 Minneapolis, MN 55402	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. AUTHORIZED REPRESENTATIVE NAME HERE
	Signature Here