

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER
YOUR INSURANCE AGENCY NAME
STREET ADDRESS
EMAIL ADDRESS
PHONE 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.

INSURED
NAME OF SERVICE PROVIDER (including DBA NAMES)
ADDRESS

COMPANIES AFFORDING COVERAGE	
COMPANY A	ABC INSURANCE COMPANY
COMPANY B	DEF INSURANCE COMPANY
COMPANY C	HIJ INSURANCE COMPANY
COMPANY D	XYZ INSURANCE COMPANY

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 EXPIRATION DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	See Insurance Matrix for requirements		
A	GENERAL LIABILITY	AAA111111	DD/MO/YY	DD/MO/YY	EACH OCCURRENCE	\$		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				MED EXP (Any one person)	\$		
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISE	\$		
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$		
<input type="checkbox"/> POL	<input type="checkbox"/> PROJECT				GENERAL AGGREGATE	\$		
B	AUTOMOBILE LIABILITY	BBB22222	DD/MO/YY	DD/MO/YY		\$		
	<input type="checkbox"/> ANY AUTO				BODILY INJURY	\$		
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person)			
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY	\$		
	<input checked="" type="checkbox"/> HIRED AUTOS				(Per accident)			
<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE	\$						
C	EXCESS LIABILITY	CCC33333	DD/MO/YY	DD/MO/YY	EACH OCCURRENCE			
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$		
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	DDDD4444	DD/MO/YY	DD/MO/YY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER		
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				<input checked="" type="checkbox"/> INCL	<input type="checkbox"/> EXCL	EL EACH ACCIDENT	\$
							EL DISEASE-POLICY LIMIT	\$
							EL DISEASE-EA EMPLOYEE	\$
	OTHER							
SAMPLE SERVICE PROVIDER CERTIFICATE								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:
 COVERAGE IS PRIMARY AND ANY INSURANCE CARRIED BY ADDITIONAL INSURED IS EXCESS AND NON CONTRIBUTING PER APPLICABLE ENDORSEMENT.
 Project Address: 909/955/999 N Sepulveda Blvd., El Segundo, CA, 90245

CERTIFICATE HOLDER
KR NORTH PCH, LLC
c/o Kilroy Realty Corporation
909 N. Pacific Coast Highway, Suite 220
El Segundo, CA 90245

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
Signature of Agent Representative