EXAMPLE COI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
CURRENT DATE

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 have ADDITIONAL INSURED provisions or 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).

tine continuate dece her come righte to the continuate heres in hea or	aon onaoroomon(o).	
PRODUCER	CONTACT NAME:	
PRODUCER / BROKER NAME AND ADDRESS	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: INSURER A NAME	NAIC #
INSURED	INSURER B : INSURER B NAME	NAIC #
NAMED INSURED ENTITY NAME AND ADDRESS	INSURER C: INSURER C NAME	NAIC #
	INSURER D:	
	INSURER E:	
	INSURER F:	
OCCUPATION OF THE STATE STATE OF THE STATE O	DEVICION NU	MDED

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.

R R	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				ţ		DAMACE TO DENTED	\$ 1,000,000 \$ 500,000
		Χ	Υ	POLICY NUMBER	DATE	DATE	MED EXP (Any one person)	\$ 5,000
					77.1.2	27112	PERSONAL & ADV INJURY	\$ 1,000,000
G	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
L	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
А	AUTOMOBILE LIABILITY		Y	POLICY NUMBER		DATE	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
Х	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY	X			DATE		BODILY INJURY (Per accident)	\$
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
(Mandatory in NH)							X PER OTH- STATUTE ER	
		N/A	Y	POLICY NUMBER	DATE	DATE	E.L. EACH ACCIDENT	\$ 1,000,000
					DATE		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
lf Di	yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

Building Location: 720 South Colorado Boulevard, Glendale, CO, 80246

Galleria Acquisition, Inc. (Landlord) and Cushman & Wakefield of Colorado (Managing Agent) are listed as Additional Insureds in regards to General Liability, Auto Liability, and Umbrella Liability. Insurance is primary and non-contributory. A Waiver of Subrogation applies in regards to General Liability, Auto Liability, Umbrella Liability, and Workers' Compensation. A 30-day written notice of cancellation applies.

CERTIFICATE HOLDER	CANCELLATION
Galleria Acquisition, Inc. c/o Cushman & Wakefield of Colorado 720 South Colorado Bouleyard. Suite 188-A	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Glendale, CO 80246	AUTHORIZED REPRESENTATIVE SIGNATURE OF PRODUCER/BROKER
1	SIGNATURE OF PRODUCEN/BROKER