

SAMPLE CERTIFICATE OF INSURANCE

ACORD CERTIFICATE OF LIABILITY INSURANCE				PAGE 1 OF 1	DATE (MM/DD/YY)	
PRODUCER Name and Address of Insurance Broker/Agency.		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 COMPANY B COMPANY C COMPANY D		
INSURED Name of Insured.						
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 ENDORSEMENTS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE	\$ _____
					PRODUCTS-COMP/OP AGG	\$ _____
					PERSONAL & ADV INJURY	\$ _____
					EACH OCCURRENCE	\$ _____
					FIRE DAMAGE (Any one fire)	\$ _____
					MED EXP (Any one person)	\$ _____
A	AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT	\$ _____
					BOODLY INJURY (Per person)	\$ _____
					BOODLY INJURY (Per accident)	\$ _____
					PROPERTY DAMAGE	\$ _____
A	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 LIMITS	OTHER
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETARY PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$ _____
					EL DISEASE-POLICY LIMIT	\$ _____
					EL DISEASE-EA EMPLOYEE	\$ _____
A	OTHER Commercial Property					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Monarch Centre Associates, L.L.C. Grubb & Ellis Management Services, Inc., are Named as Additional Insureds.						
CERTIFICATE HOLDER Grubb & Ellis Management Services, Inc 3414 Peachtree Road, N.E., Suite 118 Atlanta, GA 30326			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
ACORD 253 (1/85)			UNIFEDWASTE 12			