

CERTIFICATE OF INSURANCE

☐ ISSUE DATE (MM/DD/YY)
05/04/10

PRODUCER
(NAME AND ADDRESS OF INSURANCE PROVIDER)

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

Letter **A**

Company

Letter **B**

Company

Letter **C**

Company

Letter **D**

Company

Letter **E**

INSURED
(NAME AND ADDRESS OF SUBCONTRACTOR)

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 INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNER'S & CONTRACT'S PROT. <input type="checkbox"/> COMM. GENERAL LIABILITY					GENERAL AGGREGATE \$2,000,000
					PROD-COMP/OP AGG. \$1,000,000
					PERS. & ADV. INJURY \$1,000,000
					EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (ONE FIRE) \$50,000
					MED. EXP. (ONE PER) \$5,000
<input type="checkbox"/> 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 <input type="checkbox"/> GARAGE LIABILITY					COMBINED SINGLE LIMIT \$1,000,000
					BODILY INJURY (PER PERSON)
					BODILY INJURY (PER ACCIDENT)
					PROPERTY DAMAGE
<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					EACH OCCURRENCE \$5,000,000
					AGGREGATE \$5,000,000
WORKERS' COMPENSATION AND EMPLOYERS LIABILITY					<input checked="" type="checkbox"/> STATUTORY LIMITS
					EACH ACCIDENT \$1,000,000
					DISEASE-POLICY LIMIT \$1,000,000
					DISEASE-EACH EMP. \$1,000,000
OTHER PROPERTY					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

JBGS/TRS L.L.C. and One Thousand Jefferson Associates L.P. are named additional insured in regard to any liability arising out of work being performed at the property located at: 1000 Thomas Jefferson Street, NW, Washington DC 20007

CERTIFICATE HOLDER

**One Thousand Jefferson Associates L.P.
1050 Thomas Jefferson Street, NW, Suite GR
Washington DC 20007
Attn: Property Manager**

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