

# CERTIFICATE OF INSURANCE

ISSUE DATE

(MM/DD/YY)

**PRODUCER**

**Sample**

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

**INSURED**

COMPANY  
LETTER C

COMPANY  
LETTER D

COMPANY  
LETTER E

**COVERAGE'S**

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

INSR LTR	TYPE OF INSURANCE	ADDL. INSR.	SUBR. WVD.	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LO	X					EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG	\$5,000,000    \$2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input 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 <input type="checkbox"/> GARAGE LIABILITY						COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>							
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM						EACH OCCURRENCE AGGREGATE	
	<b>WORKER'S COMPENSATION</b> EMPLOYER'S LIABILITY		X				EACH ACCIDENT (OR IN ACCORDANCE WITH APPLICABLE LAW) EACH ACCIDENT	\$100,000 \$100,000
	<b>OTHER</b>							

SAMPLE

Additionally insured



**Description of Operations/Locations/Vehicles/Special Items**

Longfellow Capital Partners II, LP, LSVF Pacific, LP, LSVF Americas, LP, Longfellow Strategic Value Fund II, LLC, Durham Perimeter Park REIT, LLC, Durham Perimeter Park Holdings, LLC, Durham Perimeter Park 1, LLC, Durham Perimeter Park 2, LLC, Durham Perimeter Park 3, LLC, Durham Perimeter Park 4, LLC, Durham Perimeter Park 5, LLC

**CERTIFICATE HOLDER**

Durham Perimeter Park 3, LLC  
 c/o Longfellow Property Management, LLC  
 523 Davis Dr. Suite 150  
 Morrisville, NC 27560

*Tenant*

**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**