

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

COMPANY
LETTER C

COMPANY
LETTER D

COMPANY
LETTER E

INSURED

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	
	GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LO	X						EACH OCCURRENCE \$5,000,000 FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG
	AUTOMOBILE LIABILITY <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 \$1,000,000 BODILY INJURY (Per Person) \$1,000,000 BODILY INJURY (Per Accident) \$1,000,000 PROPERTY DAMAGE \$1,000,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>							
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM							EACH OCCURRENCE AGGREGATE
	WORKER'S COMPENSATION EMPLOYER'S LIABILITY		X					EACH ACCIDENT \$100,000 (OR IN ACCORDANCE WITH APPLICABLE LAW) EACH ACCIDENT \$100,000
	OTHER							

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 4, 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