| | | | | | | ISSUE DATE | | |
|----------------------------------------------------------------------------------------------------------------------------------|------------|----------|-----------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------|----------------------|--|
| | CE | RTII | FICATE | OF INSUR | ANCE | (MM/DD/YY) | | |
| PRODUCER | | | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON | | | | |
| I RODUCER | | | | | | | | |
| | | | | THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW | | | | |
| Vendor Sample | | | | COMPANIES AFFORDING COVERAGE | | | | |
| | | | | | | | | |
| | | | | COMPANY | | | | |
| | | | | LETTER A | | | | |
| | | | | COMPANY LETTER B | | | | |
| INSURED | | | | COMPANY | | | | |
| INSURED | | | | _ | 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 PO | LICIES, LI | MITS SHO | WN MAY HAVE BE | EN REDUCED BY PAID CLAI | MS | | | |
| INSR TYPE OF INSURANCE | ADDL. | SUBR. | POLICY NUME | POLICY EFFECTIVE | POLICY EXPIRATION | LIMIT | 'S | |
| LTR | INSR. | WVD. | | DATE (MM/DD/YY) | DATE (MM/DD/YY) | | | |
| GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$1,000,000 | |
| | | | | | | PROPERTY DAMAGE | | |
| CLAIMS MADE OCCUR | | | | | | MED EXP(Any one person) | | |
| I b - | х | | | | | PERSONAL INJURY | | |
| l 6 | | | | | | GENERAL AGGREGATE | \$2,000,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER | | | | | | PRODUCTS-COMP/OP AGG | \$2,000,000 | |
| POLICY PROJECT PC | | | | | | | , ,, | |
| AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE | | |
| □ ANY AUTO | | | | | | LIMIT | \$1,000,000 | |
| ALL OWNED AUTOS | | | | | | BODILY INJURY | \$1,000,000 | |
| SCHEDULED AUTOS | | | | | | (Per Person) | ψ.,σσσ,σσσ | |
| HIRED AUTOS | | | | | | BODILY INJURY | \$1,000,000 | |
| NON-OWNED AUTOS | | | | | | (Per Accident) | + 1,2 22,2 22 | |
| GARAGE LIABILITY | | | | | | PROPERTY DAMAGE | \$1,000,000 | |
| | | | | | | | , ,, | |
| GARAGE LIABILITY | | | | | | | | |
| ANY AUTO | | | | | | | | |
| l Fi | | | | | | | | |
| | 1 | | | | | | | |
| EXCESS LIABILITY | | | | | _ | EACH OCCURRENCE | \$5,000,000 | |
| UMBRELLA FORM | | | Addi | tional In | sured | AGGREGATE | \$5,000,000 | |
| OTHER THAN UMBRELLA FORM | | | Addi | | Jan Ca | | | |
| WORKER'S COMPENSATION | | Х | | | | EACH ACCIDENT | \$100,000 | |
| | | | | | | (OR IN ACCORDANCE WITH APP | LICABLE LAW) | |
| EMPLOYER'S LIABILITY | | | | | | EACH ACCIDENT | \$1,000,000 | |
| | | <u></u> | | | | | | |
| OTHER | | | | | | ENIVRONMENTAL LIABILITY | ' ' ' | |
| | | | | | | PROFESSIONAL LIABILITY | \$1,000,000 | |
| | | <u> </u> | | | | LIQUOR LIABILITY | \$1,000,000 | |
| Description of Operations/Locations/Vehicle | es/Specia | l Items | | | | | | |
| Durham Perimeter Park Holdings, LL | C Durh | am Perim | eter Park 1 LLC | Durham Perimeter Park | 2 LLC Durham Perimeter F | Park 3 LLC Durham Perim | eter Park 4 LLC | |
| Durham Perimeter Park 5, LLC, Durh | | | | | | | | |
| Americas, LP, and its affiliates are a | dditional | insured. | | | | | | |
| | | | | | | | | |
| CERTIFICATE HOLDER | | | | | CANCELLATION 30 Days except 10 Days for Non-Pay | | | |
| | | | | | Should any of the above described policies be cancelled before the | | | |
| Durham Perimeter Park 3, LLC | | | | | expiration date thereof, the issuing company will be endeavor to mail | | | |
| c/o Longellow Property Management, LLC | | | | | 30 days written notice to the certificate holder named to the left, | | | |
| 523 Davis Dr. Suite 150 | | | | | | | | |
| | | | | | but failure to mail such notice shall impose no obligation or liability | | | |
| Morrisville, NC 27560 | | | | of any kind upon, the company, its agents or representatives. | | | | |
| | | | | | Authorized Representative | | | |
| | | | | | | | | |
| 4/12/2022 | | | | | | | | |
| 4/12/2022 | | | | | į | | | |