

PRODUCER

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.

SAMPLE

(REVISED: 10/20/04)

COMPANIES AFFORDING COVERAGE

INSURED

**CONTRACTOR / VENDOR
COMPANY NAME & ADDRESS**

INSURED A:
INSURED B:
INSURED C:
INSURED D:
INSURED E:

COVERAGES

NOTWITHSTANDING ANY REQUIREMENT, TERM OR

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> GARAGE LIABILITY	<u>REQUIRED INFORMATION</u> Amounts must meet the minimum amounts referenced on this form.			GENERAL AGGREGATE	\$ 1,000,000
				PRODUCTS - COMP/OP AGG	
				PERSONAL & ADV. INJURY	
				EACH OCCURRENCE	\$ 1,000,000
				FIRE DAMAGE (Any one fire)	
				MED EXP (Any one person)	
AUTOMOBILE LIABILITY <input checked="" 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	<u>REQUIRED INFORMATION</u>			COMBINED SINGLE LIMIT	\$ 1,000,000
				BODILY INJURY (Per Person)	\$
				BODILY INJURY (Per Accident)	\$
				PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	<u>REQUIRED INFORMATION</u>			EACH OCCURRENCE	\$ 3,000,000
				AGGREGATE	\$ 3,000,000
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY The Proprietor/ Partner/ Executive Officers are Included	<u>REQUIRED INFORMATION</u>			<input checked="" type="checkbox"/> STATUTORY LIMITS/OTHER	
				EACH ACCIDENT	\$ 100,000
				DISEASE-POLICY LIMITS	\$ 500,000
				DISEASE-EACH EMPLOYEE	\$ 100,000
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED ENDORSEMENTS/SPECIAL PROVISIONS

ADDITIONAL INSURED: TIAA of America for the benefit of its Real Estate Account and Cousins Properties Services LLC, as manager, with respect to work performed at 5400, 5420, 5430 LBJ Freeway, Dallas, TX 75240

CERTIFICATE HOLDER

CANCELLATION

**TIAA of America for the benefit of its Real Estate Account
c/o Cousins Properties Services LLC
5420 LBJ Freeway, Suite 350
Dallas, TX 75240**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE