

**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**

**INSURED**

**TENANT NAME & ADDRESS**

COMPANY A

COMPANY B:

COMPANY C:

COMPANY D:

**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 EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACT'S PROT	<u>REQUIRED INFORMATION</u> Please refer to lease agreement for coverage limits.	←		GENERAL AGGREGATE PROD-COMP/OP AGG. PERS. & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (One Fire) MED EXP (Any one person)
A	<b>AUTOMOBILE LIABILITY</b> <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	<u>REQUIRED INFORMATION</u> Please refer to lease agreement for coverage limits.	←		COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY (Per Accident)
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	<u>REQUIRED INFORMATION</u> Please refer to lease agreement for coverage amounts.	←		EACH OCCURRENCE AGGREGATE
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	<u>REQUIRED INFORMATION</u> Must provide statutory limits required by the State of Texas.	←		<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT DISEASE--POLICY LIMITS DISEASE--EACH EMPL.
A	<b>OTHER</b>				

**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 the lease agreement located at 5400, 5420, 5430 LBJ Freeway, Dallas, Texas 75240 , Waiver of Subrogation

**CERTIFICATE HOLDER**

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

**CANCELLATION**

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