

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

YOUR INSURANCE AGENCY NAME
STREET ADDRESS
EMAIL ADDRESS
PHONE NUMBER

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

NAME OF SERVICE PROVIDER (including DBA NAMES)
ADDRESS

- COMPANY
A ABC INSURANCE COMPANY
- COMPANY
B DEF INSURANCE COMPANY
- COMPANY
C HIJ INSURANCE COMPANY
- COMPANY
D XYZ INSURANCE COMPANY

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS See Insurance Matrix for requirements	
A	GENERAL LIABILITY	AAA111111	DD/MO/YY	DD/MO/YY	EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY				MED EXP (Any one person)	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISE	\$
	OWNER'S & CONTRACTOR'S PROT				PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$
<input type="checkbox"/> POL <input type="checkbox"/> PROJECT		GENERAL AGGREGATE	\$			
B	AUTOMOBILE LIABILITY	BBB22222	DD/MO/YY	DD/MO/YY		\$
	ANY AUTO				BODILY INJURY	\$
	ALL OWNED AUTOS				(Per person)	
	SCHEDULED AUTOS				BODILY INJURY	\$
	HIRED AUTOS				(Per accident)	
NON-OWNED AUTOS	PROPERTY DAMAGE	\$				
C	EXCESS LIABILITY	CCC33333	DD/MO/YY	DD/MO/YY	EACH OCCURRENCE	
	UMBRELLA FORM				AGGREGATE	\$
	OTHER THAN UMBRELLA FORM					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	DDDD4444	DD/MO/YY	DD/MO/YY	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$
					EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EA EMPLOYEE	\$
SAMPLE SERVICE PROVIDER CERTIFICATE						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:
 COVERAGE IS PRIMARY AND ANY INSURANCE CARRIED BY ADDITIONAL INSURED IS EXCESS AND NON CONTRIBUTING PER APPLICABLE ENDORSEMENT.
 Project Address: 2240/2250/2260 E Imperial Hwy, El Segundo, CA, 90245

CERTIFICATE HOLDER

KILROY REALTY FINANCE PARTNERSHIP, L.P.
 c/o Kilroy Realty Corporation
 2250 E. Imperial Hwy, Suite 520
 El Segundo, CA 90245

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

Signature of Agent Representative