

<p>PRODUCER</p> <p style="text-align: right;">Serial#</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">SAMPLE</p>	<p>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</p> <p style="text-align: center;">COMPANIES AFFORDING COVERAGE</p>
<p>INSURED</p> <p style="text-align: center; font-weight: bold; background-color: yellow;">TENANT or VENDOR</p>	<p>Company A                      ABC INSURANCE COMPANY</p> <hr/> <p>Company B</p> <hr/> <p>Company C</p> <hr/> <p>Company D</p>

**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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE MM/DD/YY	LIMITS																
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input type="checkbox"/> _____ <input type="checkbox"/> _____	ABC1234	1/1/015	1/1/16	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCTS</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>FIRE DAMAGE</td><td style="text-align: right;">\$100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$5,000</td></tr> </table>	GENERAL AGGREGATE	\$2,000,000	PRODUCTS	\$1,000,000	PERSONAL & ADV INJURY	\$1,000,000	EACH OCCURRENCE	\$1,000,000	FIRE DAMAGE	\$100,000	MED EXP (Any one person)	\$5,000				
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**DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**FOR INFORMATION PURPOSES: Additional insured , as Landlord: GIG VAOI Overlook III, LLC, Property Owner and Lenox Towers Property Services, LLC, Property Agent are listed as additional insured per written contract and subject to the policy premium provisions. This is in regard to location: 2859 Paces Ferry Road, Atlanta, GA 30339.**

**CERTIFICATE HOLDER**

**Lenox Towers Property Services, LLC as Agent for GIG VAOI Overlook LLC  
 2859 Paces Ferry Road  
 Suite 495  
 Atlanta, GA 30339**

**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  
 LORNA PENNAPPE