

ACORD™	CERTIFICATE OF LIABILITY INSURANCE	Date (MM/DD/YYYY)
PRODUCER Customer's Insurance Broker/Provider Address City, State, Zip	CERT#	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. INSURERS AFFORDING COVERAGE NAIC #
INSURED Customer name, per lease Address may be different than premise address, if so see below	INSURER A: Insurer's Name	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES
 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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS																					
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy Number	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURANCE	1,000,000																				
						DAMAGE TO RENTED PREMISE (EACH OCCURANCE)																					
						MED EXP (Any one person)																					
						PERSONAL & ADV INJURY	1,000,000																				
						GENERAL AGGREGATE	1,000,000																				
						PRODUCTS - COMP/OP/AGG	1,000,000																				
B		AUTOMOBILE LIABILITY <input 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"/> _____	Policy Number	MM/DD/YYYY	MM/DD/YYYY	COMBINED SINGLE LIMIT (EA. ACCIDENT) 1,000,000 BODILY INJURY (per person) BODILY INJURY (per accident) PROPERTY DAMAGE (per accident)																					
					Required for personal auto and company autos																						
C		GARAGE LIABILITY (ONLY IF APPLICABLE) <input type="checkbox"/> ANY AUTO	Policy Number	MM/DD/YYYY	MM/DD/YYYY	AUTO ONLY - EA. ACCIDENT 1,000,000 OTHER THAN EA. ACC. AGG																					
D		EXCESS LIABILITY/UMBRELLA <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	Policy Number	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURANCE GENERAL AGGREGATE																					
E		WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If YES, describe under SPECIAL PROVISIONS below	Policy Number	MM/DD/YYYY	MM/DD/YYYY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 20%;">WC STATUTORY LIMITS</td> <td style="width: 5%;"></td> <td style="width: 5%;">OTH-ER</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>EACH ACCIDENT</td> <td></td> <td></td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td style="text-align: right;">1,000,000</td> </tr> </table>	X	WC STATUTORY LIMITS		OTH-ER			EACH ACCIDENT			1,000,000		E.L. DISEASE - EA EMPLOYEE			1,000,000		E.L. DISEASE - POLICY LIMIT			1,000,000	Minimum requirement is \$1,000,000
		X	WC STATUTORY LIMITS		OTH-ER																						
			EACH ACCIDENT			1,000,000																					
			E.L. DISEASE - EA EMPLOYEE			1,000,000																					
	E.L. DISEASE - POLICY LIMIT			1,000,000																							
		OTHER																									

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate Holder is included as additional insured as their interests may appear.

Premise address if different from insured's address above.

CERTIFICATE HOLDER: PS BUSINESS PARKS, INC. INSURANCE COMPLIANCE PO BOX 100085 - P8 DULUTH, GA 30096	CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL A 30 DAY WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED LEFT. BUT FAILURE TO DO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	--