Tenant Sample Certificate of Insurance

(ACTUAL COVERAGE/LIMITS WILL VARY ACCORDING TO LEASE REQUIREMENTS)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): TBD

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
AGENT INFORMATION	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
TENANT INFORMATION	INSURER A : INSURANCE COMPANY NAME	
	INSURER B : INSURANCE COMPANY NAME	
	INSURER C : INSURANCE COMPANY NAME	
	INSURER D : INSURANCE COMPANY NAME	
	INSURER E : INSURANCE COMPANY NAME	
	INSURER F : INSURANCE COMPANY NAME	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC	Y	Y	POLICY NUMBER	TBD	TBD	EACH CCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000 $100,000 $10,000 $1,000,000 $2,000,000 $1,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [X] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	Y	Y	POLICY NUMBER	TDB	TBD	COMBINED SINGLE LIMIT Ea accident BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$1,000,000 $ $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $	Y	Y	POLICY NUMBER	TBD	TBD	EACH OCCURRENCE AGGREGATE $	$5,000,000 $5,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	POLICY NUMBER	TBD	TBD	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
	PERSONAL PROPERTY/CONTENTS	N / A	Y	POLICY NUMBER	TBD	TBD	$ CONTENTS VALUE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required~

Re: 9805 Katy Freeway, Suite # _____, Houston, Texas 77024 and 960 Memorial City Way, Houston, Texas 77024.

Additional insured in favor of Murphy-District No. 1, Murphy-District No. 2, Murphy-District No. 3 (as tenants-in-common), MN -M , and Metro National Corporation with regards to Automobile Liability, General Liability and Umbrella Liability policies. Waiver of Subrogation in favor of Murphy-District No. 1, Murphy-District No. 2, Murphy-District No. 3 (as tenants-in-common), MNC-M , C and Metro National Corporation with regard to all policies which will be considered Primary and Noncontributory. Murphy-District No. 1., Murphy-District No. 2., Murphy-District No. 3 (as tenants-in-common) included as Loss Payee as its interest appears for the property policy. A 30-day notice of cancellation is provided to the certificate holder.

CERTIFICATE HOLDER	CANCELLATION
MN Coxen, LLC c/o Metro National Corporation 960 Memorial City Way, Suite 300 Houston, TX 77024	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

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