

**Tenant Sample Certificate of Insurance**  
(ACTUAL COVERAGE/LIMITS WILL VARY ACCORDING TO LEASE REQUIREMENTS)

**ACORD**<sup>TM</sup>

**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).

|   |  |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
|---|--|-------------------------------|--------|---|--|---|--|---|--|---|--|---|--|---|--|
| <b>PRODUCER</b><br><br><b>AGENT INFORMATION</b> | <b>CONTACT</b><br>NAME:<br>PHONE<br>(A/C, No, Ext):<br>E-MAIL<br>ADDRESS   |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| <b>INSURED</b><br><br><b>TENANT INFORMATION</b> | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td><td style="text-align: center;">NAIC #</td></tr><tr><td>INSURER A : <b>INSURANCE COMPANY NAME</b></td><td></td></tr><tr><td>INSURER B : <b>INSURANCE COMPANY NAME</b></td><td></td></tr><tr><td>INSURER C : <b>INSURANCE COMPANY NAME</b></td><td></td></tr><tr><td>INSURER D : <b>INSURANCE COMPANY NAME</b></td><td></td></tr><tr><td>INSURER E : <b>INSURANCE COMPANY NAME</b></td><td></td></tr><tr><td>INSURER F : <b>INSURANCE COMPANY NAME</b></td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : <b>INSURANCE COMPANY NAME</b> |  | INSURER B : <b>INSURANCE COMPANY NAME</b> |  | INSURER C : <b>INSURANCE COMPANY NAME</b> |  | INSURER D : <b>INSURANCE COMPANY NAME</b> |  | INSURER E : <b>INSURANCE COMPANY NAME</b> |  | INSURER F : <b>INSURANCE COMPANY NAME</b> |  |
| INSURER(S) AFFORDING COVERAGE                   | NAIC #   |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| INSURER A : <b>INSURANCE COMPANY NAME</b>       |  |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| INSURER B : <b>INSURANCE COMPANY NAME</b>       |  |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| INSURER C : <b>INSURANCE COMPANY NAME</b>       |  |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| INSURER D : <b>INSURANCE COMPANY NAME</b>       |  |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| INSURER E : <b>INSURANCE COMPANY NAME</b>       |  |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| INSURER F : <b>INSURANCE COMPANY NAME</b>       |  |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |

**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   |
|----------|--|---------------------------------------|----------|----------------------|-------------------------|--------------------------------|--|
| <b>A</b> | <b>GENERAL LIABILITY</b>   |                                       |          | <b>POLICY NUMBER</b> | <b>TBD</b>              | <b>TBD</b>                     | EACH OCCURRENCE  |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |                                       |          |                      |                         |                                | <b>\$1,000,000</b>   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   | Y                                     | Y        |                      |                         |                                | DAMAGE TO RENTED PREMISES (Ea occurrence)  |
|          |  |                                       |          |                      |                         |                                | <b>\$100,000</b>   |
|          |  |                                       |          |                      |                         | MED EXP (Any one person)       |  |
|          |  |                                       |          |                      |                         | <b>\$10,000</b>                |  |
|          |  |                                       |          |                      |                         | PERSONAL & ADV INJURY          |  |
|          |  |                                       |          |                      |                         | <b>\$1,000,000</b>             |  |
|          |  |                                       |          |                      |                         | GENERAL AGGREGATE              |  |
|          |  |                                       |          |                      |                         | <b>\$2,000,000</b>             |  |
|          |  |                                       |          |                      |                         | PRODUCTS - COMP/OP AGG         |  |
|          |  |                                       |          |                      |                         | <b>\$1,000,000</b>             |  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |                                       |          |                      |                         |                                |  |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC                          |                                       |          |                      |                         |                                | \$   |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b>  |                                       |          | <b>POLICY NUMBER</b> | <b>TDB</b>              | <b>TBD</b>                     | COMBINED SINGLE LIMIT Ea accident  |
|          | <input checked="" type="checkbox"/> ANY AUTO   |                                       |          |                      |                         |                                | <b>\$1,000,000</b>   |
|          | <input checked="" type="checkbox"/> ALL OWNED AUTOS  |                                       |          |                      |                         |                                | BODILY INJURY (Per person)   |
|          | <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS                                | Y                                     | Y        |                      |                         |                                | \$   |
|          |  |                                       |          |                      |                         | BODILY INJURY (Per accident)   |  |
|          |  |                                       |          |                      |                         | \$                             |  |
|          |  |                                       |          |                      |                         | PROPERTY DAMAGE (Per accident) |  |
|          |  |                                       |          |                      |                         | \$                             |  |
| <b>B</b> | <input checked="" type="checkbox"/> UMBRELLA LIAB  |                                       |          | <b>POLICY NUMBER</b> | <b>TBD</b>              | <b>TBD</b>                     | EACH OCCURRENCE  |
|          | <input checked="" type="checkbox"/> EXCESS LIAB  |                                       |          |                      |                         |                                | <b>\$5,000,000</b>   |
|          |  |                                       |          |                      |                         |                                | AGGREGATE  |
|          |  |                                       |          |                      |                         |                                | <b>\$5,000,000</b>   |
|          |  |                                       |          |                      |                         |                                | \$   |
| <b>C</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |                                       |          | <b>POLICY NUMBER</b> | <b>TBD</b>              | <b>TBD</b>                     | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N                                 |          |                      |                         |                                | E.L. EACH ACCIDENT   |
|          |  | <input checked="" type="checkbox"/> N | Y        |                      |                         |                                | <b>\$1,000,000</b>   |
|          |  |                                       |          |                      |                         |                                | E.L. DISEASE - EA EMPLOYEE   |
|          |  |                                       |          |                      |                         | <b>\$1,000,000</b>             |  |
|          |  |                                       |          |                      |                         |                                | E.L. DISEASE - POLICY LIMIT  |
|          |  |                                       |          |                      |                         |                                | <b>\$1,000,000</b>   |
|          | <b>PERSONAL PROPERTY/CONTENTS</b>  | N / A                                 | Y        | <b>POLICY NUMBER</b> | <b>TBD</b>              | <b>TBD</b>                     | <b>\$ CONTENTS VALUE</b>   |

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), MNC-MB, LLC 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-MB, LLC 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.

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