

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)



PRODUCER

(NAME AND ADDRESS OF INSURANCE PROVIDER)

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

Company

Letter **A**

Company

Letter **B**

Company

Letter **C**

Company

Letter **D**

Company

Letter **E**

INSURED

(NAME AND ADDRESS OF SUBCONTRACTOR)

## 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 INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MAD <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNER'S & CONTRACT'S PROT. <input type="checkbox"/> COMM. GENERAL LIABILITY				GENERAL AGGREGATE <b>\$2,000,000</b> PROD-COMP/OP AGG. <b>\$1,000,000</b> PERS. & ADV. INJURY <b>\$1,000,000</b> EACH OCCURRENCE <b>\$1,000,000</b> FIRE DAMAGE (ONE FIRE) <b>\$50,000</b> MED. EXP. (ONE PER) <b>\$5,000</b>
	<b>AUTOMOBILE LIABILITY</b> <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"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT <b>\$1,000,000</b> BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE <b>\$5,000,000</b> AGGREGATE <b>\$5,000,000</b>
	<b>WORKERS' COMPENSATION AND EMPLOYERS LIABILITY</b>				<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT <b>\$1,000,000</b> DISEASE-POLICY LIMIT <b>\$1,000,000</b> DISEASE-EACH EMP. <b>\$1,000,000</b>
	<b>OTHER PROPERTY</b>				

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**Location: 1717 K Street NW, Washington DC 20006**

**Connecticut & K Associates LLC, JBGS/TRS, L.C.C., its managing agent, and their respective owners, their controlled subsidiaries, divisions, affiliates, and/ or joint ventures and their members, partners, trustees, directors, officers and employees are named as additional insured as their interest may appear with respect to general liability and excess liability, the policies for general liability, excess liability and worker's compensation include a waiver of subrogation.**

## CERTIFICATE HOLDER

**Connecticut & K Associates L.L.C.**  
**1717 K Street NW, Suite 100**  
**Washington DC 20006**  
**Attn: Property Manager**

## 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