

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) mm/dd/yyyy

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)

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PRODUCER	CONTACT NAME:					
Insurance Agent/Broker Name	PHONE (A/C, No, Ext):	FAX (A/C, No):				
Insurance Agent/Broker Street Address or P.O. Box	E-MAIL ADDRESS:					
Insurance Agent/Broker City, State, Zip	INSURER(S) AFFORDING COVERAGE	NAIC #				
Contact & Phone Number	INSURER A: Name of Insurance Company	NAIC #				
INSURED	INSURER B: Name of Insurance Company	NAIC #				
Tenant Name	INSURER C: Name of Insurance Company	NAIC #				
Tenant Address	INSURER D: Name of Insurance Company	NAIC #				
Tenant City, State and Zip	INSURER E :					
	INSURER F:					
AGNERA AGG						

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	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	S
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DICT LOC OTHER:	Y	Y	xx1234-567	mm/dd/yyyy		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,00 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000 \$
В	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS	Υ	Y	xx1234-567	mm/dd/yyyy	mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
С	UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE DED RETENTION \$ If Any	Y	Y	xx1234-567	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	xx1234-567	mm/dd/yyyy	mm/dd/yyyy	PER OTH- STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

8300 Greensboro Owner, L.L.C., Citizens Bank, National Association, RP 8300 Greensboro Funding L.L.C., Rockpoint Real Estate Fund V Offshore AIV, L.P., Rockpoint Real Estate Fund V, L.P., Quadrangle Management Services, LLC are named as additional insured on all foregoing policies, except the Workers Co mpensation and the professional liability. All coverages, except property, are primary and will not require contribution of any insurance maintained by the additional insureds. Waiver of rights of subrogation or recovery is favorable for the Additional Insureds, the holder of any mortgage, the agents, representatives, offic ers, directors and employees of each.

CERTIFICATE HOLDER	CANCELLATION			
8300 Greensboro Owner, L.L.C., c/o Ebix RCS	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
P.O. Box 100085-44	AUTHORIZED REPRESENTATIVE			
Duluth, GA 30095				