



CLASS 1, 2 AND 3 VENDOR

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Current Date

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 ABC Brokerage Company  
1234 Park Avenue  
New York, NY 00000

CONTACT  
NAME: \_\_\_\_\_ FAX (AG, No.): \_\_\_\_\_  
PHONE (AG, No., EXT): \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED  
Vendor/Contractor  
1234 Plaza Drive  
Pittsburgh PA 00000

INSURER A : Insurance Company A  
INSURER B : Insurance Company B  
INSURER C : Insurance Company C  
INSURER D :  
INSURER E :  
INSURER F :

### 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 (MSD) WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 500,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
B	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED <input checked="" type="checkbox"/> AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Owner, ERP Operating Limited Partnership, Equity Residential, Equity Residential Management, L.L.C., ERP Holding Co., Inc. and their affiliates and agents, shall be included as additional insureds as respects the Commercial General Liability and Commercial Automobile Liability Insurance.

### CERTIFICATE HOLDER

Equity Residential  
801 Broad Street, #1000  
Augusta GA 30901

### CANCELLATION

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

THIS BOX MUST INCLUDE SIGNATURE

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CLASS 4 VENDOR

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Current Date

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PRODUCER: **ABC Brokerage Company**  
1234 Plaza Drive  
New York, NY

CONTACT  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
A/C. No. EXT: \_\_\_\_\_ A/C. No.: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
INSURER(S) AFFORDING COVERAGE NAIC #

INSURED  
**Vendor/Contractor**  
1234 Plaza Drive  
Pittsburg PA 00000

INSURER A : Insurance Company A  
INSURER B : Insurance Company B  
INSURER C : Insurance Company C  
INSURER D : \_\_\_\_\_  
INSURER E : \_\_\_\_\_  
INSURER F : \_\_\_\_\_

### 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.

INSUR LTR	TYPE OF INSURANCE	ADD'L INSUR (MSD) (WVD)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ _____
B	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED. RETENTION \$ _____		Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____ EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Policy Number	Effective Date	Expiration Date	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Owner: ERP Operating Limited Partnership, Equity Residential, Equity Residential Management, L.L.C., ERP Holding Co., Inc. and their affiliates and agents, shall be included as additional insureds as respects the Commercial General Liability and Commercial Automobile Liability Insurance.

### CERTIFICATE HOLDER

Equity Residential  
801 Broad Street, #1000  
Augusta GA 30901

### CANCELLATION

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  
THIS BOX MUST INCLUDE A SIGNATURE





CLASS 5 VENDOR

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Current Date

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PRODUCER: ABC Brokerage Company  
1234 Park Avenue  
New York, NY 00000

CONTACT  
NAME: \_\_\_\_\_  
PHONE (A/C, No, Ext): \_\_\_\_\_ FAX (A/C, No): \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED  
Vendor/Contractor  
1234 Plaza Drive  
Pittsburgh PA 00000

INSURER A : Insurance Company A  
INSURER B : Insurance Company B  
INSURER C : Insurance Company C  
INSURER D :  
INSURER E :  
INSURER F :

### COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR (INSO, LWD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC OTHER:					COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (per person) \$ BODILY INJURY (per person) \$ PROPERTY DAMAGE (per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS		Policy Number	Effective Date	Expiration Date	BODILY INJURY (per person) \$ PROPERTY DAMAGE (per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	SCHEDULED AUTOS NON-OWNED AUTOS					
	UMBRELLA LIAB EXCESS LIAB					
	DED <input type="checkbox"/> RETENTION \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Policy Number	Effective Date	Expiration Date	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Y/N N/A					

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

Owner, ERP Operating Limited Partnership, Equity Residential, Equity Residential Management, L.L.C., ERP Holding Co., Inc. and their affiliates and agents, shall be included as additional insureds as respects the Commercial General Liability and Commercial Automobile Liability Insurance.

### CERTIFICATE HOLDER

Equity Residential  
801 Broad Street, #1000  
Augusta GA 30901

### CANCELLATION

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AUTHORIZED REPRESENTATIVE  
THIS BOX MUST INCLUDE A SIGNATURE



CLASS 6 VENDOR

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

Current Date

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PRODUCER ABC Brokerage Company  
1234 Park Avenue  
New York, NY 00000

CONTACT  
NAME: \_\_\_\_\_ FAX: \_\_\_\_\_  
PHONE (A/C, No, Ext): \_\_\_\_\_ (A/C, No): \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED  
Vendor/Contractor  
1234 Plaza Drive  
Pittsburgh PA 00000

INSURER A : Insurance Company A

INSURER B : Insurance Company B

INSURER C : Insurance Company C

INSURER D :

INSURER E :

INSURER F :

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

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSD, WVD)	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/PROP AGG \$ 5,000,000
B	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED <input checked="" type="checkbox"/> HIRED AUTOS		Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$

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

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**CERTIFICATE HOLDER**

Equity Residential  
801 Broad Street, #1000  
Augusta GA 30901

**CANCELLATION**

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

THIS BOX MUST INCLUDE A SIGNATURE





CLASS 7 VENDOR

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Current Date

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PRODUCER: ABC Brokerage Company  
1234 Park Avenue  
New York, NY 00000

CONTACT NAME: \_\_\_\_\_  
PHONE (A/C, No, Ext): \_\_\_\_\_ FAX (A/C, No): \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
INSURER(S) AFFORDING COVERAGE NAIC #

www.beechercarlson.com

INSURER A : Insurance Company A

INSURED Vendor/Contractor

INSURER B : Insurance Company B

1234 Plaza Drive  
Pittsburgh PA 00000

INSURER c : Insurance Company C

INSURER D :

INSURER E :

INSURER F :

### COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSD, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
						PER STATUTE	OTH-ER
A	COMMERCIAL GENERAL LIABILITY		Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE	\$ 10,000,000
	CLAIMS-MADE					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (any one person)	\$
						PERSONAL & ADV INJURY	\$ 10,000,000
						GENERAL AGGREGATE	\$ 10,000,000
						PRODUCTS - COMP/PROP AGG	\$ 10,000,000
						COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
B	AUTOMOBILE LIABILITY		Policy Number	Effective Date	Expiration Date	BODILY INJURY (Per person)	\$
	ANY AUTO					BODILY INJURY (Per accident)	\$
	ALL OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS						\$
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE	\$
						AGGREGATE	\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Policy Number	Effective Date	Expiration Date	PER STATUTE	\$ 100,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

Owner, ERP Operating Limited Partnership, Equity Residential, Equity Residential Management, L.L.C., ERP Holding Co., Inc. and their affiliates and agents, shall be included as additional insureds as respects the Commercial General Liability and Commercial Automobile Liability Insurance.

### CERTIFICATE HOLDER

Equity Residential  
801 Broad Street, #1000  
Augusta GA 30901

### CANCELLATION

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AUTHORIZED REPRESENTATIVE

THIS BOX MUST INCLUDE A SIGNATURE