



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 have ADDITIONAL INSURED provisions or 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 < PRODUCER NAME > < PRODUCER ADDRESS > < CITY, STATE ZIP CODE >	CONTACT NAME:		
	PHONE (A/C. No. Ext):	FAX (A/C. No.):	
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED < INSURED NAME > < INSURED ADDRESS > < CITY, STATE ZIP CODE >	INSURER A:		
	INSURER B:	< INSURER NAME(S) >	
	INSURER C:		
	INSURER D:	< ALL LISTED INSURER NAMES MUST HAVE AN A.M. BEST	
	INSURER E:	INSURANCE RATING OF AT LEAST A- / VIII-	
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. Limits shown are as requested		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			< GL POLICY NUMBER >	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			< AL POLICY NUMBER >	mm/dd/yyyy	mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION			< XS/UMB POLICY NUMBER >	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
A	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		< WC-EL POLICY NUMBER >	mm/dd/yyyy	mm/dd/yyyy	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	CRIME INSURANCE/FIDELITY BND (IF NEEDED) E&O / PROF LIABILITY (IF NEEDED) CYBER LIABILITY (IF NEEDED) POLLUTION LIABILITY (IF NEEDED)			< POLICY NUMBER(S) >	mm/dd/yyyy	mm/dd/yyyy	LIMIT: \$1,000,000 LIMITS-CLAIM AND AGG: \$5,000,000 LIMITS-CLAIM AND AGG: \$5,000,000 LIMITS-CLAIM AND AGG: \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: < INSERT COMPLETE AND CORRECT F7 SSSM, LLC LOCATION ADDRESS(ES) WHERE THE SERVICES/WORK WILL TAKE PLACE HERE >
 Jones Lang LaSalle Americas, Inc., F7 SSSM, LLC, Bank of America, N.A., and their respective affiliates, officers, directors and employees are additional insureds on the General Liability and Automobile Liability insurance policies. Waiver of subrogation is provided on the Worker's Compensation insurance policy on behalf of Jones Lang LaSalle Americas, Inc., F7 SSSM, LLC, Bank of America, N.A., and their respective affiliates, officers, directors and employees. The General Liability insurance provides primary and non-contributory coverage. 30-Day notice of policy cancellation is provided on the listed insurance policies to the Certificate Holder. F7 SSSM, LLC is Loss Payee on the Crime Insurance policy.

CERTIFICATE HOLDER	CANCELLATION
F7 SSSM, LLC c/o Jones Lang LaSalle Americas, Inc. as Manager 777 Main Street, Suite C-50 Fort Worth, TX 76102	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 < SIGNATURE OF AUTHORIZED REPRESENTATIVE MUST BE HERE >

Holder Identifier :

Certificate No :



ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

NOTE:

Crime Insurance / Fidelity Bond is required from service contractors as stated in the current Risk Assessment Template. Those Work types stating that Crime Insurance / Fidelity Bond is required MUST carry, maintain and evidence such insurance or bond; all other Work types MAY be required to carry, maintain and evidence such insurance or bond where required and per the final decision of the JLL client service team.

Errors and Omissions / Professional Liability insurance is required from any service contractors that provide Uninterrupted Power Source (UPS) services and ANY Advisement, Consulting, Recommendation, and/or Professional Services as part of the service and/or work related to the Contract Duties.

Cyber Risk or Liability insurance is required from any service contractors whose services and/or work involve ANY JLL and/or JLL Client's computer, computer system, computer network, and/or similar computer-related property and the data, software, and/or programs stored therein.

Environmental Impairment / Pollution Legal Liability insurance is required from any service contractor whose services and/or work require ANY disposal, handling, use, and/or transit of any hazardous gas, liquid, and/or solid as part of the services and/ or work related to the Contract Duties.