

756 West Peachtree Street, NW

Atlanta GA 30308

CERTIFICATE OF LIABILITY INSURANCE

DATE (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).									
PRODUCER					CONTACT NAME:				
COMPANY / BUSINESS SELLING INSURANCE ADDRESS HERE					NAME: PHONE (A/C, NO. EXT): E-MAIL			FAX (A/C, No):	
ADDRESS HERE					ADDRESS:				
					INSURER(S) AFFORDING COVERAGE			NAIC #	
INSURED					INSURER A: Insurance Carrier [Minimum Best Rating = A - : IX] INSURER B: Insurance Carrier [Minimum Best Rating = A - : IX]			XX XXXX	
INSURED								xx xxxx xx xxxx	
	VENDOR NAME MUST MATCH W-9 AND CONTRACT					INSURER C: Insurance Carrier [Minimum Best Rating = A - : IX] INSURER D: Insurance Carrier [Minimum Best Rating = A - : IX]			
Include DBA, if Applicable					INSURER D: Insurance Carrier [Minimum Best Rating = A - : IX] INSURER E: Insurance Carrier [Minimum Best Rating = A - : IX]			xx xxxx xx xxxx	
					INSURER F: Insurance Carrier [Minimum Best Rating = A - : IX]			XX XXXX	
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:				
		-			AVE BEEN ISSUE				
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		
Α	GENERAL LIABILITY	\boxtimes		XXX	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	\$ 1,000,000	
~							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS MADE 🛛 OCCUR						MED EXP (Any one person)	\$	
	OWNERS & CONTRACTOR'S PROT CONTRACTUAL LIABIITY COVERAGE						PERSONAL & ADV INJURY	\$ incl in GL	
							GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					$\langle \rangle$	PRODUCTS - COMP/OP AGG	\$	
					_ <			\$	
B	AUTOMOBILE LIABILITY			XXX	xx/xx/xxx	xxxxxxx	COMBINED SINGLE LIMIT	\$ 1,000,000	
	ALL OWNED AUTOS			\sim	7. / //// //		BODILY INJURY (Per person)	\$	
				$\sim (\mathcal{S})$	MM/M		BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS		($\left(\begin{bmatrix} 0 \end{bmatrix} \right)$	2/27/11		PROPERTY DAMAGE (Per accident)	\$	
		$\overline{\mathbf{A}}$						\$	
С		×	\mathcal{N}	total -	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	\$ 5,000,000	
		Ň	$\langle \rangle \rangle$	JL/			AGGREGATE	\$ 5,000,000	
D		$\backslash \setminus$		XXX	xx/xx/xxxx	xx/xx/xxxx	WC STATU- TORY LIMITS OTH- ER		
ען	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/	U Y		· · · · · · · · · · · · · · · · · · ·	an an ana	and the Association	E.L. EACH ACCIDENT	\$ 1,000,000	
	EXECUTIVE OFFICER/MEMBER Y/N EXCLUDED?	-					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
Е	Professional Liability Insurance						EACH OCCURRENCE	\$ 1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) It is agreed that Portman Holdings LLC, HSRE Portman Tech, LLC, any and all subsidiaries, and individually and as Administrative Agent for itself and the Lenders, are named as Additional Insureds as respects to General Liability where required by written contract.									
CERTIFICATE HOLDER CANCELLATION SHOLL D ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION									
HSRE-Portman Tech, LLC DATE Attn: Property Manager						HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION ATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY ROVISIONS.			
	Coda					AUTHORIZED REPRESENTATIVE			

Signature Here

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHI							
Name of Additional Insured Person(s)	Location(s) of Covered Operations						
Or Organization(s):							
It is agreed that Portman Holdings LLC, PH Tech, LLC, JPMorgan Chase bank, N.A., any and all subsidiaries, as their interests may appear (ATIMA), its successors and assigns (ISAOA) and individually and as Administrative Agent for itself and the Lenders, are named as Additional Insureds as respects to General Liability.							
Information required to complete this Schedule, it not	hown above, will be shown in the Declarations.						
\sim							

- A. Section II Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or amissions; or
 - 2. The acts or only sions of these acting on your behalf;
 - in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

CG 20 10 07 04

© ISO Properties, Inc., 2004

© Insurance Services Office, Inc.