

CERTIFICATE OF INSURANCE						<input type="checkbox"/> ISSUE DATE (MM/DD/YY) 05/04/10			
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						
INSURED (NAME AND ADDRESS OF SUBCONTRACTOR)			Letter B						
			Company						
			Letter C						
			Company						
			Letter D						
			Company						
			Letter E						
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	
GENERAL LIABILITY <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	\$2,000,000
								PROD-COMP/OP AGG.	\$1,000,000
								PERS. & ADV. INJURY	\$1,000,000
								EACH OCCURRENCE	\$1,000,000
								FIRE DAMAGE (ONE FIRE)	\$50,000
								MED. EXP. (ONE PER)	\$5,000
AUTOMOBILE LIABILITY <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 <input type="checkbox"/>								COMBINED SINGLE LIMIT	\$1,000,000
								BODILY INJURY (PER PERSON)	
								BODILY INJURY (PER ACCIDENT)	
								PROPERTY DAMAGE	
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM								EACH OCCURRENCE	\$5,000,000
								AGGREGATE	\$5,000,000
WORKERS' COMPENSATION AND EMPLOYERS LIABILITY								<input checked="" type="checkbox"/> STATUTORY LIMITS	
								EACH ACCIDENT	\$1,000,000
								DISEASE-POLICY LIMIT	\$1,000,000
								DISEASE-EACH EMP.	\$1,000,000
OTHER PROPERTY									
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS									
JBGS/TRS L.L.C. and Georgetown Jefferson Associates L.P. are named additional insured in regard to any liability arising out of work being performed at the property located at: 1050 Thomas Jefferson Street, NW, Washington DC 20007									
CERTIFICATE HOLDER					CANCELLATION				
Georgetown Jefferson Associates L.P. 1050 Thomas Jefferson Street, NW, Suite GR Washington DC 20007 Attn: Property Manager					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				
ACORD 25-S (7/90)					20-26				