

# CERTIFICATE OF INSURANCE

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

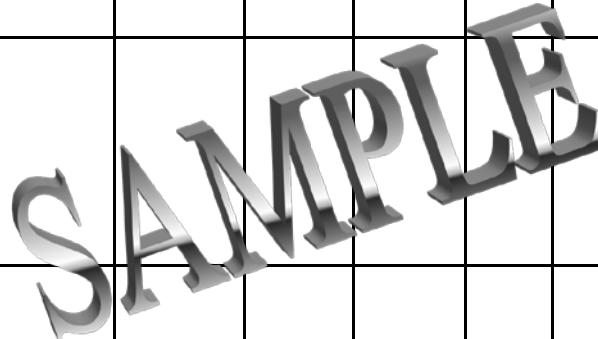
**INSURED**  
 (NAME AND ADDRESS OF SUBCONTRACTOR)

Company	
Letter <b>A</b>	
Company	
Letter <b>B</b>	
Company	
Letter <b>C</b>	
Company	
Letter <b>D</b>	
Company	
Letter <b>E</b>	

### 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				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;"><b>\$2,000,000</b></td></tr> <tr><td>PROD-COMP/OP AGG.</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> <tr><td>PERS. &amp; ADV. INJURY</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> <tr><td>FIRE DAMAGE (ONE FIRE)</td><td style="text-align: right;"><b>\$50,000</b></td></tr> <tr><td>MED. EXP. (ONE PER)</td><td style="text-align: right;"><b>\$5,000</b></td></tr> </table>	GENERAL AGGREGATE	<b>\$2,000,000</b>	PROD-COMP/OP AGG.	<b>\$1,000,000</b>	PERS. & ADV. INJURY	<b>\$1,000,000</b>	EACH OCCURRENCE	<b>\$1,000,000</b>	FIRE DAMAGE (ONE FIRE)	<b>\$50,000</b>	MED. EXP. (ONE PER)	<b>\$5,000</b>				
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	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				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> <tr><td>BODILY INJURY (PER PERSON)</td><td></td></tr> <tr><td>BODILY INJURY (PER ACCIDENT)</td><td></td></tr> <tr><td>PROPERTY DAMAGE</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>	COMBINED SINGLE LIMIT	<b>\$1,000,000</b>	BODILY INJURY (PER PERSON)		BODILY INJURY (PER ACCIDENT)		PROPERTY DAMAGE									
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	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> STATUTORY LIMITS</td><td></td></tr> <tr><td>EACH ACCIDENT</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> <tr><td>DISEASE-POLICY LIMIT</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> <tr><td>DISEASE-EACH EMP.</td><td style="text-align: right;"><b>\$1,000,000</b></td></tr> </table>	<input checked="" type="checkbox"/> STATUTORY LIMITS		EACH ACCIDENT	<b>\$1,000,000</b>	DISEASE-POLICY LIMIT	<b>\$1,000,000</b>	DISEASE-EACH EMP.	<b>\$1,000,000</b>								
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	OTHER PROPERTY																				



**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
**JBG Smith 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**  
**JBG Smith**  
**1050 Thomas Jefferson Street, NW, Suite GR**  
**Washington DC 20007**  
**Attn: Property Manager**

**CANCELLATION**  
 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