CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YR) 10/30/18

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 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: Heffernan Insurance Brokers **PHONE** FAX 101 2nd Street. Suite 120 707-781-3400 707-781-0800 (A/C,No,Ext) (A/C,No): Petaluma, CA 94954 FMAII ADDRESS: CA License #0564249 **INSURERS AFFORDING COVERAGE** NAIC# INSURED Travelers Property Casualty Company of INSURER A: 25674 America A.S.F. Electric, Inc. INSURER B: 16045 Everest Premier Insurance Co 76 Hill Street INSURER C: Daly City, CA 94014 INSURER D: INSURER E:

COVERAGES CERTIFICATE NUMBER: **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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.

INSURER F:

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYY Y)	LIMITS	
	GENERAL LIABILITY					,	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY	х		4T22CO3080P324TIL18	10/1/2018	10/1/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
Α							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L. AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PROJECT LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO	X		BA3080P32418CNS	10/1/2018	10/1/2019	BODILY INJURY (Per person)	*
Α	ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$10,000,000
А	EXCESS LIAB CLAIMS-MADE	х		CUP9J493442182S Umbrella follows form over the GL, Auto and EL	10/1/2018	10/1/2019	AGGREGATE	\$10,000,000
	DED X RETENTION \$10,000	1						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		7600015566181	10/1/2018	10/1/2019	X WC STATU- TORY LIMITS OTHI	ER
В	ANY PROPRIETOR/PARTNER/EXECUTIVE/						E.L. EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: ASF Job #10966, Paragon Point, 1 & 3 Lagoon Drive, Redwood City, CA 94065-0000. MCP Paragon Point, LLC; CBRE, Inc. and all affiliates, subsidiaries, agents, and employees there of are included as an additional insured (Primary and non-contributory) includes completed operations on General Liability policy and additional insured (and primary) on Automobile Liability and Umbrella Liability policies per the attached endorsements, if required.

CERTIFICATE HOLDER	

MCP Paragon Point, LLC c/o Business Credentialing Services, Inc. P.O. Box 1055

Morristown, NJ 07960

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

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