



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 3
DATE (MM/DD/YYYY)
07/06/2018

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 Willis of Illinois, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURED City Center Parking, an Oregon Limited Partnership 900 Haddon Avenue Suite 333 Collingswood, NJ 08108 USA	INSURER(S) AFFORDING COVERAGE INSURER A: State National Insurance Company Inc NAIC # 12831 INSURER B: Travelers Property Casualty Company of Ame 25674 INSURER C: Liberty Mutual Insurance Company 23043 INSURER D: National Union Fire Insurance Company of P 19445 INSURER E: Beazley Insurance Company Inc 37540 INSURER F:

COVERAGES

CERTIFICATE NUMBER: W6866294

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	RDN-10002-CGX	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	RDN-10003-CAY	07/01/2018	07/01/2019	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000			RDN-10005-UMX	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 14,000,000 AGGREGATE \$ 14,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> No	N/A	TC2JUB-2J703373-18	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Automobile Liability (MA)	Y	Y	RDN-10004-CAX	07/01/2018	07/01/2019	Any Auto Limit: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

A.M. Best Ratings
State National Insurance Company: A
National Union Fire Insurance Company of Pittsburgh: A
Travelers Property Casualty Company of America: A++ (Superior)
Liberty Mutual Insurance Company: A
SEE ATTACHED

CERTIFICATE HOLDER

BCSP PSB PROPERTY LLC C/O BEACON CAPITAL PARTNERS, LLC 200 STATE STREET 5TH FLOOR BOSTON, MA 02109	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 <i>Andrew Paris</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Illinois, Inc.		NAMED INSURED City Center Parking, an Oregon Limited Partnership 900 Haddon Avenue Suite 333 Collingswood, NJ 08108 USA	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

RE: LOT 61-047 515 SW SALMON (METRO GARAGE), PORTLAND, OREGON.

POLICIES (EXCLUDING WORKERS COMPENSATION) ARE PRIMARY AND NON-CONTRIBUTORY AS RESPECTS ANY OTHER COVERAGE THE ADDITIONAL INSUREDS MAY CARRY.

BEACON CAPITAL PARTNERS, LLC AND JONES LANG, LASALLE ARE ADDED AS ADDITIONAL INSURED(S), BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED AND THE RIGHTS OF SUBROGATION IS ALSO WAIVED AGAINST THE ADDITIONAL INSUREDS.

BEACON CAPITAL PARTNERS, LLC AND JONES LANG, LASALLE ARE ADDED AS ADDITIONAL INSURED(S) FOR AUTOMOBILE LIABILITY COVERAGE AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO PROVIDE INSURANCE BUT ONLY TO THE EXTENT REQUIRED BY SUCH CONTRACT OR AGREEMENT AND EXECUTED PRIOR TO LOSS. A WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF THE ADDITIONAL INSURED(S) WHEN REQUIRED BY WRITTEN CONTRACT.

INSURER AFFORDING COVERAGE: **Travelers Property Casualty Company of America**

NAIC#: 25674

POLICY NUMBER: TRJUB-2J703361-18 EFF DATE: 07/01/2018 EXP DATE: 07/01/2019

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation & Employers Liability	E.L. Each Accident:	\$1,000,000
	E.L. Disease Ea. Emp:	\$1,000,000
	E.L. Disease Policy:	\$1,000,000

INSURER AFFORDING COVERAGE: **Liberty Mutual Insurance Company**

NAIC#: 23043

POLICY NUMBER: TL1-B71-171336-018 EFF DATE: 07/01/2018 EXP DATE: 07/01/2019

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Liability (\$25,000,000 Xs \$15,000,000)	Limit:	\$25,000,000

INSURER AFFORDING COVERAGE: **National Union Fire Insurance Company of Pittsburgh**

NAIC#: 19445

POLICY NUMBER: 64682164 EFF DATE: 07/01/2018 EXP DATE: 07/01/2019

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Crime - Employee Dishonesty Money & Securities	Broad Form	\$5,000,000



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Illinois, Inc.		NAMED INSURED City Center Parking, an Oregon Limited Partnership 900 Haddon Avenue Suite 333 Collingswood, NJ 08108 USA	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: State National Insurance Company Inc NAIC#: 12831
POLICY NUMBER: RDN-10003-CAY EFF DATE: 07/01/2018 EXP DATE: 07/01/2019

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:
Garage Keepers Legal Liability Limit: \$1,000,000

INSURER AFFORDING COVERAGE: Beazley Insurance Company Inc NAIC#: 37540
POLICY NUMBER: V22B02170101 EFF DATE: 12/21/2017 EXP DATE: 12/21/2018

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT:
Errors & Omissions Policy Limit: \$ 5,000,000

This Endorsement Changes the Policy. Please Read It Carefully.

NOTICE TO **CERTIFICATE** HOLDER OR DESIGNATED ENTITY
INDIVIDUAL

This endorsement modifies all coverage parts included in this policy.

SCHEDULE

PERSON OR ORGANIZATION: A 30 day notice of cancellation applies with a 10 day exception for non-payment, in favor of **certificate** holder when required by written contract, with respect to all policies and subject to the provisions and limitations of the policy

ADDRESS: To by provided by Insured

Number of Days Notice of Cancellation: 30 Days
(If left blank, no notice will be sent.)

Number of Days Notice of Nonrenewal: 30 Days
(If left blank, no notice will be sent.)

- A. If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the Scheduled person or organization at the address shown in the Schedule above. We will mail this notice at least the number of days shown in the Schedule above for cancellation. However, failure to send such notice or send it within the specified time period will not rescind the cancellation.
- B. If we decide not to renew this policy for any statutorily permitted reason, we will mail notice of nonrenewal to the Scheduled person or organization at the address shown in the Schedule above. We will mail such notice at least the number of days shown in the Schedule above for nonrenewal. However, failure to send such notice or send it within the specified time period will not rescind the nonrenewal.

This endorsement forms a part of
Policy Number: RDN-10002-CGX

Effective Date: 07/01/2018

Insured: Imperial Parking (U.S.), LLC

This Endorsement Changes the Policy. Please Read It Carefully.

NOTICE TO **CERTIFICATE** HOLDER OR DESIGNATED ENTITY
INDIVIDUAL

This endorsement modifies all coverage parts included in this policy.

SCHEDULE

PERSON OR ORGANIZATION: A 30 day notice of cancellation applies with a 10 day exception for non-payment, in favor of **certificate** holder when required by written contract, with respect to all policies and subject to the provisions and limitations of the policy

ADDRESS: To be provided by Insured

Number of Days Notice of Cancellation: 30 Days
(If left blank, no notice will be sent.)

Number of Days Notice of Nonrenewal: 30 Days
(If left blank, no notice will be sent.)

- A. If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the Scheduled person or organization at the address shown in the Schedule above. We will mail this notice at least the number of days shown in the Schedule above for cancellation. However, failure to send such notice or send it within the specified time period will not rescind the cancellation.
- B. If we decide not to renew this policy for any statutorily permitted reason, we will mail notice of nonrenewal to the Scheduled person or organization at the address shown in the Schedule above. We will mail such notice at least the number of days shown in the Schedule above for nonrenewal. However, failure to send such notice or send it within the specified time period will not rescind the nonrenewal.

This endorsement forms a part of
Policy Number: RDN-10003-CAY

Effective Date: 07/01/2018

Insured: Imperial Parking (U.S.), LLC