

CERTIFICATE OF INSURANCE

ISSUE DATE
(MM/DD/YY)

PRODUCER

4040 Civic Center

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 | |
| LETTER | B |
| COMPANY | |
| LETTER | C |
| COMPANY | |
| LETTER | D |
| COMPANY | |
| LETTER | E |

INSURED

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 | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | | | | | | | |
|--|--|---------------|----------------------------------|-----------------------------------|--|--|-------------|----------------------------|-------------|------------------------------|-------------|-----------------------|-------------|-------------------|-------------|----------------------|-------------|--|--|
| | GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;">\$50,000</td></tr> <tr><td>MED EXP(Any one person)</td><td style="text-align: right;">\$5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td> </td><td> </td></tr> </table> | EACH OCCURRENCE | \$1,000,000 | FIRE DAMAGE (Any one fire) | \$50,000 | MED EXP(Any one person) | \$5,000 | PERSONAL & ADV INJURY | \$1,000,000 | GENERAL AGGREGATE | \$2,000,000 | PRODUCTS-COMP/OP AGG | \$2,000,000 | | |
| EACH OCCURRENCE | \$1,000,000 | | | | | | | | | | | | | | | | | | |
| FIRE DAMAGE (Any one fire) | \$50,000 | | | | | | | | | | | | | | | | | | |
| MED EXP(Any one person) | \$5,000 | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$1,000,000 | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$2,000,000 | | | | | | | | | | | | | | | | | | |
| PRODUCTS-COMP/OP AGG | \$2,000,000 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" 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;">\$1,000,000</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> </table> | COMBINED SINGLE LIMIT | \$1,000,000 | BODILY INJURY (Per Person) | | BODILY INJURY (Per Accident) | | PROPERTY DAMAGE | | | | | | | |
| COMBINED SINGLE LIMIT | \$1,000,000 | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per Person) | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per Accident) | | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE | | | | | | | | | | | | | | | | | | | |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$5,000,000</td></tr> </table> | EACH OCCURRENCE | \$5,000,000 | AGGREGATE | \$5,000,000 | | | | | | | | | | |
| EACH OCCURRENCE | \$5,000,000 | | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$5,000,000 | | | | | | | | | | | | | | | | | | |
| | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL | | | | <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;">\$1,000,000</td></tr> <tr><td>DISEASE-POLICY LIMIT</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DISEASE-EACH EMPL.</td><td style="text-align: right;">\$1,000,000</td></tr> </table> | <input checked="" type="checkbox"/> STATUTORY LIMITS | | EACH ACCIDENT | \$1,000,000 | DISEASE-POLICY LIMIT | \$1,000,000 | DISEASE-EACH EMPL. | \$1,000,000 | | | | | | |
| <input checked="" type="checkbox"/> STATUTORY LIMITS | | | | | | | | | | | | | | | | | | | |
| EACH ACCIDENT | \$1,000,000 | | | | | | | | | | | | | | | | | | |
| DISEASE-POLICY LIMIT | \$1,000,000 | | | | | | | | | | | | | | | | | | |
| DISEASE-EACH EMPL. | \$1,000,000 | | | | | | | | | | | | | | | | | | |
| | OTHER | | | | | | | | | | | | | | | | | | |

SAMPLE

Additional Insured

(Entities in BOTH fields must be included on Certificate for approval)

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Description of Operations/Locations/Vehicles/Special Items

MACH II 4040 LLC; MACH II Ellis Investments LLC, MEP II Investors LLC, Ellis Partners LLC - North American Company for Life and Health Insurance, ISAA ATIMA c/o Cushman & Wakefield U.S., Inc. and their respective agents, employees, officers, directors, shareholders, partners, and lenders.

CERTIFICATE HOLDER

MACH II 4040 LLC
 Cushman & Wakefield U.S., Inc.
 100 Drakes Landing Road, Suite 210
 Greenbrae, CA 94904

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will be 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

