

INSURANCE CLASS REQUIREMENTS

Dear Valued Supplier -

Thank you for taking the time to submit your paperwork prior to beginning services with us. You should have been told what class level of insurance you are required to carry. If not, contact your Equity Residential representative to find out. To help you determine the correct required insurance coverage, we have put together this guide that contains:

- A table with the coverage that is required depending on the class level of insurance you've been instructed to provide
- Examples of a Class 1-3, Class 4, and Class 5 certificate of insurance
- A workers' compensation waiver, if needed

When reviewing this information, please keep in mind the following:

- This is a guideline, and certain circumstances might change the requirements needed
- Equity Residential reserves the right to change or alter any and all of the requirements contained herein, for either a blanket vendor category, or specific vendors as it sees fit
- When in doubt—ask. All Equity employees have access to the insurance requirement information, and they should be able to assist you

In addition to insurance requirements, this document also contains examples of certificates of insurance. When requesting your certificate of insurance from your insurance provider, please reiterate the following:

- Under the "Description of Operations" section, Equity Residential and all of its affiliate companies *must* be named as additional insureds. The wording from the sample certificate should be copied verbatim
- The address used for the certificate holder must match the Augusta address that is shown on these certificates, *regardless* of the actual location of the site you will be working on
- Certificates should be valid for one year—those with expirations occurring within 30 days will be rejected

Should you have any questions regarding these requirements, please contact your Equity Residential representative.

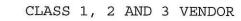
Best Regards,

Equity Residential

EQUITY RESIDENTIAL INSURANCE CLASS LEVEL ASSIGNMENTS

		Minimum Insurance Limits									
		C	Class 1-3		Class 4		Class 5		Class 6		Class 7
General Liability	Each Occurrence	\$	500,000	\$	1,000,000	\$	2,000,000	\$	5,000,000	\$ 1	0,000,000
(if needed Umbrella/Excess)	Damage to Rented Premises (each occ)	\$	50,000	\$	50,000	\$	50,000	\$	50,000	\$	50,000
	Personal & Adv. Injury	\$	500,000	\$	1,000,000	\$	2,000,000	\$	5,000,000	\$ 10	0,000,000
	General Aggregrate	\$	500,000	\$	1,000,000	\$	2,000,000	\$	5,000,000	29.1	0,000,000
	Products/Completed Ops Agg*	\$.500,000	\$	1,000,000	\$	2,000,000	\$	5,000,000	0.62	0,000,000
Auto Liability	Combined Single Limit	\$	1,000,000	\$	1,000,000	\$	1,000,000	\$	1,000,000	\$:	1,000,000
4	(all owned autos, hired & non owned autos)		π. ο								
Workers Compensation		S	tatutory		Statutory		Statutory		Statutory	St	atutory
Employer's Liability	Each Accident	\$	100,000	\$	100,000	\$	100,000	\$	100,000	Ś	100,000
	Disease- Policy Limit	\$	500,000	\$	500,000	\$	500,000	\$	500,000	\$	500,000
1	Disease - Each Employee	\$	100,000	\$	100,000	\$	100,000	\$	100,000	\$	100,000

* Categories marked with an asterick may not be required - please contact your Equity Residential representive if you think this coverage is not needed.



ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

			010111			urrent Date		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORM CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVI BELOW. THIS CERTIFICATE OF INSURANCE DOES NO REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATI	ELY AMEND, EXTE T CONSTITUTE A	ND OR AL	FER THE CO	VERAGE AFFORDED	SY THE	POLICIES		
IMPORTANT: If the certificate holder is an ADDITIONAL IN the terms and conditions of the policy, certain policies may certificate holder in lieu of such endorsement(s).	SURED, the policy	(ies) must b ment. A sta	e endorsed. Itement on ti	If SUBROGATION IS W	/AIVED, onfer ri	subject to ghts to the		
PRODUCER ABC Brokerage Company	CONTA	СТ						
1234 Park Avenue	PHONE	NAME: PHONE FAX (A/C, No, Ext): (A/C, No):						
New York, NY 00000	E-MAIL	(A/C, No, Ext): E-MAIL ADDRESS:						
	ADDRE	ADDRESS: INSURER(S) AFFORDING COVERAGE						
	INCLIDE	anna annanana	ice Company			NAIC #		
INSURED			ice Company		-			
Vendor/Contractor 1234 Plaza Drive	Contractor de la contractor		ice Company	New Y	-	- 1810		
Pittsburgh PA 00000	INSUR	2011 12	oc company	0				
· · · · · · · · · · · · · · · · · · ·	INSURE	21. 122						
	INSURE	27. 1992			-			
COVERAGES CERTIFICATE NUMBER:	Integra			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOW	CONDITION OF ANY C E AFFORDED BY THE	ONTRACT OF POLICIES DE REDUCED BY	R OTHER DOC	IAMED ABOVE FOR THE PO CUMENT WITH RESPECT TO REIN IS SUBJECT TO ALL T	O WHICH	THIS		
NSR TYPE OF INSURANCE ADDL SUBR	LICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A 🗸 COMMERCIAL GENERAL LIABILITY Policy Numb	per	Effective Date	Expiration Date	EACH OCCURRENCE	\$	500,00		
CLAIMS-MADE 🗸 OCCUR		Date	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,00		
				MED EXP (Any one person)	\$			
		1		PERSONAL & ADV INJURY	\$	500,00		
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	500,00		
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$	500,00		
OTHER:					\$	-		
AUTOMOBILE LIABILITY Policy Numb	ber	Effective Date	Expiration	COMBINED SINGLE LIMIT (Ea accident)	\$	300.00		
ANY AUTO		Date	Date	BODILY INJURY (Per person)	\$			
✓ ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$			
✓ HIRED AUTOS ✓ NON-OWNED AUTOS	C.			PROPERTY DAMAGE (Per accident)	\$			
					\$			
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$			
DED RETENTION \$					\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	er	Effective	Expiration	✓ PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE		Date	Date	E.L. EACH ACCIDENT	\$	100,00		
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$	100,00		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT		500,00		
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional woner, ERP Operating Limited Partnership, Equity Residential, Ec gents, shall be included as additional insureds as respects the Co	uity Residential Man	agement I I	C ERP Hol	ding Co. Inc. and their aff	iliates ar ce.	nd		
ERTIFICATE HOLDER	CANC	ELLATION						
Equity Residential 801 Broad Street, #1000 Augusta GA 30901	SHO	JLD ANY OF T	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.				
	AUTHOR	ZED REPRESE	NTATIVE					
	TH	IS BOX	MUST 1	INCLUDE SIGNA	TURE			
		@ 10	38-2014 ACC	ORD CORPORATION.	Il riabt	e received		
CORD 25 (2014/01) The ACORD name	and logo are regis				ngno	s isserveu.		



CLASS 4 VENDOR

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY IN	ISURANCE
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E	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	rivel Sur/	Y OI	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED I	BY TH	E POLICIES	
	MPORTANT: If the certificate holder	is a	n AD	DITIONAL INSURED, the	policy	(ies) must be	e endorsed.	If SUBROGATION IS V	AIVED), subject to	
t	he terms and conditions of the policy ertificate holder in lieu of such endor	, cer	tain p	policies may require an e	ndorse	ment. A sta	tement on th	is certificate does not o	onfer	rights to the	
PRO	ABC Brokerage Compan	у			CONTA NAME:	СТ					
	1234 Plaza Drive New York, NY				PHONE FAX (A/C, No, Ext): (A/C, No):						
	New Tork, NT				É-MAIL ADDRE						
						_	NAIC #				
					INSURE						
	JRED /endor/Contractor				INSURE	кв: Insuran	ce Company	В			
1234 Plaza Drive							ce Company	C			
F	Pittsburg PA 00000					RD:					
		INSURE				-					
CC	VERAGES CEF	TIFI	CATE	ENUMBER:	INSURE	KF:		REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES	_			BEEN I	SSUED TO TH			OLICY F	PERIOD	
C E	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH	POLI	N, TH CIES.	E INSURANCE AFFORDED I LIMITS SHOWN MAY HAVE	BY THE	POLICIES DE REDUCED BY	SCRIBED HER PAID CLAIMS	REIN IS SUBJECT TO ALL 1	o whic 'He tef	CH THIS RMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	s		
Α	COMMERCIAL GENERAL LIABILITY			Policy Number			Expiration Date	EACH OCCURRENCE	s	1,000,000	
	CLAIMS-MADE 🗸 OCCUR					100000000		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
								MED EXP (Any one person)	\$	1 000 000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	1,000,000	
								PRODUCTS - COMP/OP AGG	\$ \$	1,000,000	
В	OTHER: AUTOMOBILE LIABILITY			Policy Number		Effective	Expiration	COMBINED SINGLE LIMIT	s	500.000	
	ANY AUTO					Date	Date	(Ea accident) BODILY INJURY (Per person)	\$	500,000	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS	i - 1						PROPERTY DAMAGE (Per accident)	\$		
								(\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
C	DED RETENTION \$			Doliny Number		Défense inc			\$		
C	AND EMPLOYERS' LIABILITY Y / N			Policy Number		Effective Date	Expiration Date	✓ PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	100,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		100,000	
	DESCRIPTION OF OPERATIONS below						fi	E.L. DISEASE - POLICY LIMIT	\$	500,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORD	101. Additional Remarks Schedul	le, may b	e attached if mor	e space is requir	ed)			
										- 10 - 0	
age	ner, ERP Operating Limited Partnership ents, shall be included as additional insu	reds	as re	spects the Commercial Ge	iai Man neral Li	agement, L.L ability and Co	.C., ERP Hol	ding Co., Inc. and their af	iliates a	and	
50								•			
CEF	RTIFICATE HOLDER				CANC	ELLATION					
E0 80	quity Residential 1 Broad Street, #1000 ugusta GA 30901				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
A	Igusia GA SUSUT			ļ							
					AUTHOR	IZED REPRESEN	TATIVE				
	*				THIS	S BOX MUS	T INCLUDE	E A SIGNATURE			
						© 198	38-2014 ACC	ORD CORPORATION.	All righ	nts reserved.	



CLASS 5 VENDOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

					11110				Current Date		
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	TIVEL SUR/	ANCE	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES		
IMPORTANT: If the certificate holde the terms and conditions of the polic certificate holder in lieu of such endo	risa y,cer	n AD tain I	DITIONAL INSURED, the policies may require an e	policy(ndorse	ies) must b ment. A sta	e endorsed. tement on th	If SUBROGATION IS V nis certificate does not o	VAIVED), subject to rights to the		
PRODUCER ABC Brokerage Compar		enila) .	CONTA	СТ						
1234 Park Avenue	iy			NAME: PHONE			FAX				
New York, NY 00000				(A/C, No, Ext): (A/C, No):							
CONTRACT, CONTRACT, CONTRACT, CONTRACT,				ADDRE	SS:						
					INS	SURER(S) AFFO	RDING COVERAGE		NAIC #		
				INSURE	RA: Insuran	ce Company	A				
Vendor/Contractor				INSURE	кв: Insuran	ce Company	В				
1234 Plaza Drive					кс: Insuran	ce Company	С				
Pittsburgh PA 00000				INSURE	RD:						
-											
				INSURE	RF;						
COVERAGES CE	RTIFI	CATE	E NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES	OF IN	SURA	NCE LISTED BELOW HAVE	BEEN IS	SSUED TO TH	IE INSURED N	AMED ABOVE FOR THE P	OLICY F	PERIOD		
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH	ERTA	N, TH	E INSURANCE AFFORDED	BY THE	POLICIES DE	SCRIBED HER	REIN IS SUBJECT TO ALL 1	O WHIC	H THIS RMS,		
INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A 🗸 COMMERCIAL GENERAL LIABILITY			Policy Number		Effective	Expiration	EACH OCCURRENCE	s	2,000,000		
CLAIMS-MADE 🗸 OCCUR					Date	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	50,000		
								\$	00,000		
							MED EXP (Any one person)		2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$	2,000,000		
							GENERAL AGGREGATE	\$			
202203-0-020							PRODUCTS - COMP/OP AGG	\$	2,000,000		
B AUTOMOBILE LIABILITY	-		Dallas Number		nffe et inc	-	COMBINED SINGLE LIMIT	\$			
			Policy Number		Effective Date	Expiration Date	(Ea accident)	\$	1,000,000		
ANY AUTO					1000000		BODILY INJURY (Per person)	\$			
AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$			
HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
								\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION \$								s			
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy Number		Effective	Expiration	✓ PER STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE	1				Date	Date	E.L. EACH ACCIDENT	s	100,000		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		100,000		
If yes, describe under DESCRIPTION OF OPERATIONS below									500,000		
BEGORI HON OF OF ERAHONS BEIOW	1	-			-		E.L. DISEASE - POLICY LIMIT	\$	500,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES //		101. Additional Remarke Schodul	le may be	attached if mor	e snace is require	red)				
							A2				
Owner, ERP Operating Limited Partnershi	p, Equ	uity R	esidential, Equity Residenti	ial Man	agement, L.L	.C., ERP Hol	ding Co., Inc. and their af	filiates a	and		
agents, shall be included as additional ins	ureds	as re	spects the Commercial Ge	neral Li	ability and Co	ommercial Au	tomobile Liability Insuran	ce.			
CERTIFICATE HOLDER				CANC	ELLATION						
Equity Residential 801 Broad Street, #1000 Augusta GA 30901				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C/ REOF, NOTICE WILL E Y PROVISIONS.				
			ļ								
				AUTHOR	IZED REPRESE	NTATIVE					
				TI	HIS BOX M	UST INCL	UDE A SIGNATURE				
	1.1				© 198	38-2014 ACC	ORD CORPORATION.	All righ	its reserved.		

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CLASS 6 VENDOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

							Current Date			
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS	IVELY SURAN	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	, EXTER	ND OR ALT	ER THE CO	VERAGE AFFORDED BY	THE POLICIES			
REPRESENTATIVE OR PRODUCER, A IMPORTANT: If the certificate holder the terms and conditions of the policy	is an A , certai	ADDITIONAL INSURED, the n policies may require an e	policy(ndorser	ies) must bo nent. A sta	e endorsed. tement on th	If SUBROGATION IS WAI	VED, subject to fer rights to the			
certificate holder in lieu of such endor		(s).	CONTA	.						
PRODUCER ABC Brokerage Company	/		CONTAC NAME:	1		- FAX				
1234 Park Avenue New York, NY 00000			PHONE FAX (A/C, No, Ext): (A/C, No):							
New Fork, NT 00000			É-MAIL ADDRESS:							
			INSURER(S) AFFORDING COVERAGE							
			INSURE	RA: Insuran	ce Company	A				
INSURED			INSURE	кв: Insuran	ce Company	В				
Vendor/Contractor 1234 Plaza Drive			INSURE	кс: Insuran	ce Company	С				
Pittsburgh PA 00000			INSURE	RD:						
			INSURE	RE:						
			INSURE	RF:						
COVERAGES CER	TIFICA	TE NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH	QUIREM RTAIN,	ENT, TERM OR CONDITION OF THE INSURANCE AFFORDED ES. LIMITS SHOWN MAY HAVE	F ANY C BY THE BEEN R	ONTRACT OF POLICIES DE EDUCED BY	R OTHER DOC SCRIBED HEF	UMENT WITH RESPECT TO V REIN IS SUBJECT TO ALL THE	VHICH THIS			
INSR TYPE OF INSURANCE	INSD W	VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
		Policy Number		Effective Date	Expiration Date	EACH OCCURRENCE \$ DAMAGE TO RENTED	5,000,0			
CLAIMS-MADE 🗸 OCCUR						PREMISES (Ea occurrence) \$	50,0			
						MED EXP (Any one person) \$	5 000 0			
						PERSONAL & ADV INJURY \$	5,000,0			
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	5,000,0			
						PRODUCTS - COMP/OP AGG \$	5,000,0			
OTHER:						\$				
B AUTOMOBILE LIABILITY		Policy Number		Effective Date	Expiration Date	COMBINED SINGLE LIMIT \$	2,000,0			
ANY AUTO					Jucc	BODILY INJURY (Per person) \$				
✓ ALL OWNED SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident) \$				
✓ HIRED AUTOS ✓ NON-OWNED AUTOS						PROPERTY DAMAGE \$				
						\$				
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$				
DED RETENTION \$						\$				
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Policy Number		Effective Date	Expiration Date	✓ PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A			Putt		E.L. EACH ACCIDENT \$	100,0			
OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						E.L. DISEASE - EA EMPLOYEE \$	100,0			
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	500,0			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACC	ORD 101, Additional Remarks Schedu	ule, may be	e attached if mor	e space is requir	ed)				
Ourses EDD Onersking Limited Ded	E en at	Desidential Caulty Desident	fiel Mar		0 500 11		4			
Owner, ERP Operating Limited Partnership agents, shall be included as additional insu	reds as	respects the Commercial Ge	eneral I i	agement, L.L ability and C	ommercial Au	ung Co., inc. and their affilia tomobile Liability Insurance	ies and			
	2012/01/02		X X =			,				
CERTIFICATE HOLDER			CANC	ELLATION						
Equity Residential 801 Broad Street, #1000 Augusta GA 30901			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE Y PROVISIONS.				
			AUTHOR	ZED REPRESE	NTATIVE					
ī		<i>U</i>	TH	IIS BOX M	UST INCLU	JDE A SIGNATURE				
				@ 10	88-2014 AC	ORD CORPORATION. All	righte recorver			

The ACORD name and logo are registered marks of ACORD



CLASS 7 VENDOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

		erunie		Current Date				
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION OF CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMI BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONS REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDE	END, EXTEND OR ALT TITUTE A CONTRACT	ER THE CO	VERAGE AFFORDED BY TH	IE POLICIES				
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the terms and conditions of the policy, certain policies may require certificate holder in lieu of such endorsement(s).	, the policy(ies) must b	e endorsed. Itement on th	If SUBROGATION IS WAIVED his certificate does not confer	D, subject to rights to the				
PRODUCER ABC Brokerage Company	CONTACT							
1234 Park Avenue	PHONE	NAME: FAX PHONE FAX (A/G, No, Ext): (A/G, No):						
New York, NY 00000	(A/C, No, Ext): E-MAIL ADDRESS:	(A/C, No, Ext): (A/C, No):						
	VODA	INSURER(S) AFFORDING COVERAGE						
www.beechercarlson.com	INSURER A : Insurar	NAIC #						
INSURED	INSURER B : Insurar							
Vendor/Contractor 1234 Plaza Drive	INSURER C : Insurar							
Pittsburgh PA 00000	INSURER D :							
, and a second	INSURER E :							
	INSURER F :							
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H	TION OF ANY CONTRACT FORDED BY THE POLICIE HAVE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS				
LTR TYPE OF INSURANCE INSD WVD POLICY NUMB	ER POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A COMMERCIAL GENERAL LIABILITY Policy Number	Effective	Expiration Date	EACH OCCURRENCE \$ DAMAGE TO RENTED	10,000,000				
CLAIMS-MADE 🗸 OCCUR	Ducc		PREMISES (Ea occurrence) \$	50,000				
			MED EXP (Any one person) \$	10 000 000				
			PERSONAL & ADV INJURY \$	10,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE \$	10,000,000				
POLICY PRO- JECT LOC			PRODUCTS - COMP/OP AGG \$	10,000,000				
B AUTOMOBILE LIABILITY Policy Number	Effective	Expiration	COMBINED SINGLE LIMIT					
	Date	Date	(Ea accident)	2,000,000				
ANY AUTO			BODILY INJURY (Per person) \$					
✓ AUTOS AUTOS			BODILY INJURY (Per accident) \$ PROPERTY DAMAGE					
HIRED AUTOS	6		(Per accident)					
			\$					
			EACH OCCURRENCE \$					
			AGGREGATE \$					
C WORKERS COMPENSATION Policy Number	Effective	Expiration	S PER OTH- STATUTE ER					
AND EMPLOYERS' LIABILITY	Date	Date	E.L. EACH ACCIDENT \$	100,000				
OFFICER/MEMBER EXCLUDED?			E.L. DISEASE - EA EMPLOYEE \$	100,000				
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$	500,000				
				000,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks S Owner, ERP Operating Limited Partnership, Equity Residential, Equity Res agents, shall be included as additional insureds as respects the Commercia	idential Management, I. I	C ERP Hol	ding Co. Inc. and their affiliates	and				
CERTIFICATE HOLDER	CANCELLATION							
Equity Residential 801 Broad Street, #1000 Augusta GA 30901		DATE THE	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE Y PROVISIONS.					
-	AUTHORIZED REPRESE	NTATIVE						
	restative and the second second							
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