

# SAMPLE CERTIFICATE FOR ILLUSTRATION PURPOSES ONLY

## CERTIFICATE OF LIABILITY INSURANCE

<b>PRODUCER</b> <i>Name, Mailing Address of Insurance Brokerage Company</i>	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.
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COMPANIES AFFORDING COVERAGE	
<b>INSURED</b>  <i>Name of Contractor/Vendor must be Identical to name on contract/agreement</i>	COMPANY A  COMPANY B  COMPANY C  COMPANY D

**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 DONDITION 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 HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b>				
	COMMERCIAL GENERAL LIABILITY			GENERAL AGGREGATE \$ 5,000,000
	CLAIMS MADE OCCUR			PRODUCTS - COMP/OP AGG \$ 5,000,000
	OWNERS & CONTRACTOR'S PROT			PERSONAL & ADV INJURY \$ 5,000,000
				EACH OCCURRENCE \$ 5,000,000
				FIRE DAMAGE (ANY ONE FIRE) \$ 5,000,000
				MED EXP (ANY ONE PERSON) \$ 5,000,000
<b>AUTOMOBILE LIABILITY</b>				
	ANY AUTO			COMBINED SINGLE LIMIT \$ 2,000,000
	ALL OWNED AUTOS			BODILY INJURY \$
	SCHEDULED AUTOS			(Per Person)
	HIRED AUTOS			BODILY INJURY \$
	NON OWNED AUTOS			(Per Accident)
<b>GARAGE LIABILITY</b>				
	ANY AUTO			PROPERTY DAMAGE \$
				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN AUTO ONLY \$
				EACH ACCIDENT \$
				AGGREGATE \$
<b>EXCESS LIABILITY</b>				
	UMBRELLA FORM			EACH OCCURRENCE \$ 5,000,000
	OTHER THAN UMBRELLA FORM			AGGREGATE \$ 5,000,000
<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>				
				WC STATUTORY LIMITS
				OTHER
THE PROPRIETOR				EL EACH ACCIDENT \$ 2,000,000
PARTNER/EXECUTIVE	INCL			EL DISEASE - POLICY LIMIT \$ 2,000,000
OFFICES ARE	EXCL			EL DISEASE - EA EMPLOYEE \$ 2,000,000
<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 Additional Insured:  
**200 South Wacker IL LLC, John Hancock Life Insurance Company (U.S.A.) and John Hancock Life & Health Insurance Company (U.S.A.), Jones Lang LaSalle Americas (Illinois), L.P.**

<b>CERTIFICATE HOLDER</b> 200 South Wacker IL LLC c/o John Hancock Life Insurance Company (U.S.A.), A wholly owned subsidiary of Manulife Financial Corporation and John Hancock Life & Health Insurance (U.S.A.) a wholly owned subsidiary of Manulife Financial Corporation	<b>CANCELLATION</b>  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 REPRESENTATIVES.
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**AUTHORIZED REPRESENTATIVE**

# 200 S. Wacker Insurance Requirements

## **Insurance required from vendors, contractors and subcontractors.**

- Worker's Compensation - **Statutory Amount**  
(checkmark in WC Statutory Limits box on certificate)
- Employer's Liability - **\$2,000,000** minimum
- Commercial General Liability - **\$5,000,000** Combined Single Limit for Bodily Injury and property damage
- Commercial Automobile Liability - **\$5,000,000** each occurrence combined single limit for bodily injury and property damage

## **Certificate Holder:**

200 South Wacker IL LLC

c/o John Hancock Life Insurance Company (U.S.A.) a wholly owned subsidiary of Manulife Financial Corporation and John Hancock Life & Health Insurance (U.S.A.) a wholly owned subsidiary of Manulife Financial Corporation

## **Description of Operations**

- Please include a description of operations and services in the building if applicable
- Please reference the tenant/company that work is being provided for

## **Additional Insured (to be identified exactly as indicated below)\*:**

- 200 South Wacker IL LLC
- John Hancock Life Insurance Company (U.S.A.) and John Hancock Life & Health Insurance Company (U.S.A.)
- Jones Lang LaSalle Americas (Illinois), L.P.

Please email a copy of your COI to the Office of the Building:  
200southwacker@am.jll.com