

# CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY)

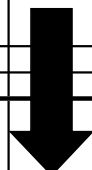
<b>PRODUCER</b>  <p style="text-align: center; font-weight: bold;">Tenant Sample</p>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW <div style="text-align: center; border: 1px solid black; padding: 2px; font-weight: bold;">COMPANIES AFFORDING COVERAGE</div> COMPANY LETTER A COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E
--	--

**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 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. INSR.	SUBR. WVD.	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <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"/>	X					EACH OCCURRENCE \$5,000,000 PROPERTY DAMAGE \$1,000,000 MED EXP(Any one person) PERSONAL INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS-COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" 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						COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) \$1,000,000 BODILY INJURY (Per Accident) \$1,000,000 PROPERTY DAMAGE \$1,000,000
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>						
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM						EACH OCCURRENCE AGGREGATE
	<b>WORKER'S COMPENSATION</b> EMPLOYER'S LIABILITY		X				(OR IN ACCORDANCE WITH APPLICABLE LAW) EACH ACCIDENT \$100,000
	<b>OTHER</b>						

SAMPLE

Additionally Insured



**Description of Operations/Locations/Vehicles/Special Items**  
 All General Liability insurance policies shall name as Additional Insureds; PPF OFF 100 Cambridgepark Drive, LLC as its Owner, Morgan Stanley Real Estate Advisor, Inc., Prime Property Fund, LLC, PPF OPGP, LLC., PPF OP, LP, PPF OFF, LLC, PPF OFF CambridgePark Holdings, LLC, PPF OFF 125 Cambridgepark Drive, LLC, PPF OFF 150 Cambridgepark Drive, LLC, Longfellow Real Estate Partners, LLC, any successor in interest thereto, Longfellow Property Management, LLC, LFREP Services, LLC, Longfellow Facilities Services, LLC, Longfellow CPD, LLC, and any (direct or indirect) owner of any of the foregoing, and any beneficiary, officer, director, employee or agent of any of the foregoing as required by written contract.

<b>CERTIFICATE HOLDER</b>  PPF OFF 100 Cambridgepark Drive, LLC c/o Longfellow Property Management, LLC Attn: Property Manager 150 Cambridgepark Drive, Suite 204 Cambridge, MA 02140  <i>Tenant</i>	<b>CANCELLATION</b> Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> 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.  <b>Authorized Representative</b>
--	---