			CERTIFI	CATE OF IN	NSURANCE	(MM/DD/YY)	
PRODUCER				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS			
				UPON THE CERTIFICATE H	OLDER. THIS CERTIFICAT	E DOES NOT AMEND, EXTEN	ID OR ALTER THE
Tenant Sample				COVERAGE AFFORDED BY THE POLICIES BELOW COMPANIES AFFORDING COVERAGE			
				LETTER A COMPANY			
				LETTER B			
INSURED				COMPANY			
				LETTER C			
				COMPANY			
				LETTER D			
				COMPANY	LETTER E		
COVERAGE'S				LETTER E			
THIS IS TO CERTIFY THAT THE POLICIES OF	INSURANG	CE LISTED	BELOW HAVE BEEN IS:	SUED TO THE INSURED NAM	ED ABOVE FOR THE POLIC	Y PERIOD	
INDICATED, NOTWITHSTANDING ANY REQU	JIREMENT,	, TERM OR	CONDITION OF ANY CO	ONTRACT OR OTHER DOCUM	IENT WITH RESPECT TO WI	HICH THIS	
CERTIFICATE MAY BE ISSUED OR MAY PER					N IS SUBJECT TO ALL THE T	ERMS,	
EXCLUSIONS AND CONDITIONS OF SUCH PO				POLICY EFFECTIVE	DOLION EVENDATIO		
INSR TYPE OF INSURANCE		WVD.	POLICY NUMBER	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	3
GENERAL LIABILITY	mon.	11115.		DATE (IIIIII/DD/11)	DATE (MM/DD/TT)	EACH OCCURRENCE	\$ 1,000,000
I b						PROPERTY DAMAGE	\$ 1,000,000
CLAIMS MADE OCCUR						MED EXP(Any one person)	
-	X					PERSONAL INJURY	\$ 1,000,000
 						GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS-COMP/OP AGG	
POLICY PROJECT						COMBINED SINGLE	
AUTOMOBILE LIABILITY ANY AUTO						LIMIT	\$ 1,000,000
ALL OWNED AUTOS				i ABNI L		BODILY INJURY	\$ 1,000,000
SCHEDULED AUTOS				IRAPIR		(Per Person)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HIRED AUTOS				MINITEL		BODILY INJURY	\$ 1,000,000
NON-OWNED AUTOS						(Per Accident)	
GARAGE LIABILITY			Ur			PROPERTY DAMAGE	\$ 1,000,000
CARACE LIABILITY	-	1					
GARAGE LIABILITY ANY AUTO							
l Fi	_						
EXCESS LIABILITY	i		A 4141:4:	be all to The	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	
UMBRELLA FORM			HIDDA	onally In	surea	AGGREGATE	
OTHER THAN UMBRELLA FORM		1					
WORKER'S COMPENSATION		X				EACH ACCIDENT	\$ 1,000,000
EMPLOYER'S LIABILITY		-				(OR IN ACCORDANCE WITH APPEACH ACCIDENT	\$ 100,000
						ENOTINGGIBERT	Ψ 100,000
OTHER	i						
1 1							
Description of Operations/Locations/Vehic	-		1100 11 1 10	DE OFF 450 O		M 01 1 B 15	
All General Liability insurance polici Prime Property Fund, LLC, PPF OF				= :			
125 Cambridgepark Drive, LLC, Lor				_	_		
Longfellow Facilities Services, LLC,	-		=			=	
agent of any of the foregoing as req	uired by v	vritten cor	tract.				
CERTIFICATE HOLDER					CANCELLATION		
DDE OFF 450 October 1 D 1 1 1 C					Should any of the above described policies be cancelled before the		
PPF OFF 150 Cambridgepark Drive, LLC					expiration date thereof, the issuing company will be endeavor to mail		
c/o Longfellow Property Management, LLC					_30_days written notice to the certificate holder named to the left,		
Attn: Property Manager					but failure to mail such notice shall impose no obligation or liability		
150 Cambridgepark Drive, Suite 204					of any kind upon, the company, its agents or representatives.		
Cambridge, MA 02140					Authorized Represent	ative	
I					İ		

<u>Tenant</u>