

INSURANCE CERTIFICATION LETTER
NORTHWEST BUSINESS PARK

INSURANCE AGENT :

MAILING ADDRESS :

PHONE NUMBER :

To Whom It May Concern:

I (we), hereby authorize you to supply **NORTHWEST BUSINESS PARK** whose mailing address is **9592 TOPANGA CANYON BLVD, CHATSWORTH, CA 91311**, with proof of **LIABILITY INSURANCE** coverage, confirming that the coverage at the limits listed below are currently in full force and effect.

PLEASE NOTE :

POSSESSION OF THE LEASED PREMISES WILL NOT BE GIVEN UNTIL REQUIRED INSURANCE CERTIFICATE & ADDITIONALLY INSURED ENDORSEMENT ARE RECEIVED BY LESSOR .

Additionally, the above referenced entity (**NORTHWEST BUSINESS PARK**) is to be named on the Policy/Certificate of Insurance as **ADDITIONAL INSURED** as their interest may appear.

MINIMUM COVERAGE’S REQUIRED

GENERAL LIABILITY : \$1,000,000.00 PER/EACH OCCURRENCE, \$2,000,000.00 ANNUAL/GENERAL AGGREGATE

PROPERTY DAMAGE : DAMAGE TO RENTED PREMISES / FIRE DAMAGE LEGAL LIABILITY, \$300,000.00 PER OCCURRENCE

BODILY INJURY : SINGLE LIMIT OR COMBINED SINGLE LIMIT, \$1,000,000.00 PER OCCURRENCE

PLEASE REVIEW THE ATTACHED LEASE LANGUAGE WHICH DETAIL THE COVERAGE REQUIRED. (LEASE PARAGRAPHS 8.2 - 8.4 – 8.5 – 8.7)

INSURANCE POLICY MUST INSURE & CERTIFICATE MUST NAME ALL ENTITIES THAT WILL DO BUSINESS IN THE LEASED PREMISES)

TENANT(S):

DBA :

(ENTER NAMES AS SHOWN ON LEASE)

ADDRESS OF LEASED PREMISES TO BE INSURED :

LESSEE:

(BY SIGNATURE BELOW, LESSEE ACKNOWLEDGES THAT A COPY OF THIS INSURANCE CERTIFICATION LETTER WILL BE SENT TO HIS INSURANCE AGENT/BROKER)

BY: _____ DATE _____
SIGNATURE

BY: _____
NAME PRINTED TITLE