C	ERTIFICATE OF LIABIL	ITY INSURAN	ICE		DATE (MM/DD/YY)		
PRODUCER  YOUR INSURANCE AGENT'S NAME			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. COMPANIES AFFORDING COVERAGE				
			COMPANY	ADC INCUDANC	COMPANY		
YOUR COMPANY NAME IN WHICH YOU HAVE SIGNED THE LEASE  COVERAGES			COMPANY	ABC INSURANC	E COMPANY		
			B COMPANY C COMPANY				
			D				
PO WIT HEF BY	S IS TO CERTIFY THAT THE POLICIES OF LICY PERIOD INDICATED, NOTWITHSTAN THE RESPECT TO WHICH THIS CERTIFICATED IN IS SUBJECT TO ALL THE TERMS, EXPAID CLAIMS.  TYPE OF INSURANCE	NDING ANY REQUIREM TE MAY BE ISSUED OF	MENT, TERM OR CONDIT  R MAY PERTAIN, THE INS  DITIONS OF SUCH POLIC  POLICY EXPIRATION	FION OF ANY CONTRAINED CIES. LIMITS SHOWN POLICY EXPIRATION	CT OR OTHER DOCUMENT BY THE POLICIES DESCRIBED		
LTR	GENERAL LIABILITY	AAA111111	01/01/06	DATE (MM/DD/YY) 01/01/07	GENERAL AGGREGATE	\$5,000,000.00	
	X COMMERCIAL GENERAL LIABILITY	22211111	01/01/00	01/01/07	PRODUCTS - COMP/OP AGG	\$5,000,000.00	
Α					PERSONAL & ADV INJURY	\$5,000,000.00	
	X OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$5,000,000.00	
					FIRE DAMAGE (Any one fire)	\$50,000.00	
					MED EXP (Any one person)	\$5,000.00	
A	X ANY AUTO ALL OWNED AUTOS	BBB222222	01/01/06	01/01/07 Partifi	combined single limit	\$1,000,000.00	
	ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS NON-OWNED AUTOS	ple Te	nant	) <del>-</del>	BODILY INJURY (Per accident)  PROPERTY DAMAGE	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY:	\$	
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
	UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE	\$ \$ \$	
	WORKERS COMPENSATION AND	CCC333333	01/01/06	01/01/07	WC STATUTORY LIMITS OTHE	*	
	EMPLOYERS' LIABILITY	33333333	0 110 1100		EL EACH ACCIDENT	\$1,000,000.00	
					EL DISEASE-POLICY LIMIT	\$1,000,000.00	
Α	THE PROPRIETOR/ PARTNERS/EXECUTIVE X INCL				EL DISEASE-EA EMPLOYEE	\$1,000,000.00	
-	OFFICERS ARE: EXCL OTHER						
	O'MER						
THE	CCRIPTION OF OPERATIONS/LOCATIONS/VEHE ECERTIFICATE HOLDER IS AN ADDITION MARY AND NON-CONTRIBUTING		M CG201111/85 ATTACH	ED. COVERAGE IS	•		
	RTIFICATE HOLDER		CANCELLATION				
Kilroy Realty Corporation and/or any subsidiary partnership, corporation or affiliate  ATTN: FINLAND ALEJO			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-				
3780 Kilroy Airport Way, Suite 530				OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES:			
	Long Beach CA 9		AUTHORIZED REPRESENTATIVE				

# POLICY NUMBER: \*INFORMATION NEEDED COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

## **SCHEDULE**

1. Designation of Premises {Part leased to You}:

## **INFORMATION NEEDED\***

2. Name of Person or Organization:

Kilroy Realty Corporation and/or any subsidiary, partnership, corp. or affiliate now existing or hereinafter formed or acquired is to be an additional insured

3. Additional Premium:

{If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.}

WHO IS INSURED {Section II} is amended to include as an insured person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

Coverage shall be Primary to any similar insurance carried by KRC whose insurance shall be considered excess and non-contributing with insurance maintained by Lessee