

PRODUCER () FAX ()

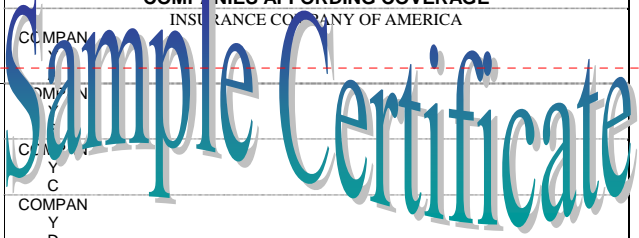
Insurance Company
123 North Agent Street
City, State 90000

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 COVER AFFORDED BY THE POLICE BELOW.

COMPANIES AFFORDING COVERAGE
 INSURANCE COMPANY OF AMERICA

COMPAN
 INSURANCE CO
 COMPANY OF AMERICA

Ext



INSURED

Contractor/Vendor Name
1234 Service Street
City, State 90000

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	AB 1234567	06/01/05	05/31/06	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTORS PROT.				EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> DEDUCTIBLE \$1,000				FIRE DAMAGE (Any one fire) \$ 50,000
B	AUTOMOBILE LIABILITY	AB 1234567	06/01/05	05/31/06	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person) \$
	<input checked="" type="checkbox"/> OWNERS & CONTRACTORS PROT.				BODILY INJURY (Per Person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA. ACCIDENT \$
	GARAGE LIABILITY				OTHER THAN AUTO ONLY:
	<input type="checkbox"/> ANY AUTO				EACH ACCIDENT \$
	EXCESS LIABILITY				AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ABC 123456-12	06/01/05	05/31/06	WC STATUTORY LIMITS
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICER ARE:				OTHER
	<input checked="" type="checkbox"/> INCL				EL EACH ACCIDENT \$ 1,000,000
	<input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$
	OTHER				EL DISEASE - EA EMPLOYEE \$
					Limit: \$
					Deduct: \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

(10 DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM)

Re: Work performed at 201, 225, 251 or 283 South Lake Avenue, Pasadena, CA 91101 (Corporate Center Pasadena)

*See attached Endorsement Page for additional insured

CERTIFICATE HOLDER

South Lake Avenue Investors LLC
 c/o CB Richard Ellis, Inc.
 251 S. LAKE AVE., #100
 PASADENA, CA 91101-3057
 P: 626-792-5161
 F: 626-792-9542

CANCELLATION

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 OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

JOHN DOE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

Sample Endorsement Page

Policy#

Named Insured: Contractor / Vendor Name

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Name of Person or Organization (Additional Insured):

**South Lake Avenue Investors LLC, a Delaware limited liability company;
UBS Realty Investors LLC, a Massachusetts limited liability company and
CB Richard Ellis, Inc.**

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by our for you.

Agent (INK SIGNATURE)