

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2016

OP ID:

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) m of the policy, certain policies may require an endorsement. A statement on endorsement(s).	ust be endorsed. If SUBROGATION IS WAIVED, su this certificate does not confer rights to the o	bject to the terms and conditions certificate holder in lieu of such
PRODUCER	CONTACT NAME	
Insurance Agency Name	PHONE FAX (A/C, No, Ext) (A/C, N	o):
Insurance Agency Address	E-MAIL ADDRESS	
	PRODUCER CUSTOMER ID#	SUB CODE 7
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURERER A: Insurance Company	#
Tenant Name (as per lease)	INSURERER B:	
Tenant Mailing Address (as per lease)	INSURERER C:	
	INSURERER D:	
	INSURERER E:	
	INSURERER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE	POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED T	O THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING	ANY
REQUIREMENT, TERM OR CON	DITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPE	CT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDE	D BY
THE POLICIES DESCRIBED HERE	IN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITION	IS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY	X	X		( <i>    </i>		EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY			Policy #	01/01/2016	01/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	CLAIMS MADE X OCCURRENCE						MED EXP (Any one person)	\$	10,000
Α	x No Deductible						PERSONAL & ADV INJURY	\$	1,000,000
		1					GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	]					PRODUCTS – COMP/OP AGG	\$	2,000,000
	POLICY PROJECT X LOC							\$	
	AUTOMOBILE LIABILITY	x	х				COMBINED SINGLE LIMIT EACH ACCIDENT	\$	1,000,000
А	X ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per Person)	\$	
	SCHEDULED AUTOS X HIRED AUTOS		Policy #	01/01/2016	01/01/2017	BODILY INJURY (Per Accident)	\$		
	X NON-OWNED AUTOS						PROPERTY DAMAGE (Per Accident)	\$	
	X UMBRELLA LIAB X OCCUR			x Policy #	01/01/2016	01/01/2017	EACH OCCURRENCE	\$	5,000,000
А	EXCESS LIAB CLAIMS-MADE	x	x				AGGREGATE		5,000,000
	DEDUCTIBLE								
	X RETENTION \$ NONE				-		OTH-	\$	
Α	WORKERS COMPENSATION						X Statutory OTH- ER		
	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETARY/PARTNER/EXECUTIVE				and the second statement of the		E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED (Mandatory in NH)		X	Policy #	01/01/2016	01/01/2017	E.L. DISEASE – EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

LOCATION ADDRESS: 227 W Trade Street Charlotte, NC 28202 including Suite # if applicable (As per the lease)

ADDITIONAL INTEREST: KBSIII Carillon, LLC, the REIT investment advisor/manager KBS Capital Advisors, LLC and Hines Interests Limited Partnership, as Agent are included as ADDITIONAL INSURED to the General Liability Insurance evidenced.

CERTIFICATE HOLDER	CANCELLATION
KBSIII Carillon, LLC Hines Interests Limited Partnership, as Agent c/o: myCOI	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1075 Broad Ripple Ave, Ste 313 Indianapolis, IN 46220	AUTHORIZED REPRESENTATIVE