CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OR INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATELY OR NEGATIVELY AMDNE, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVES OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT : If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER :

Please attached policy provisions or endorsements if Waiver or Additional Insured is Required

Fax

INSURED:

Name of Contractor

INSURER(S) AFFORDING COVERAGE

COMPANY A

COMPANY B

COMPANY C *Standard is AM Best A-,X Rated Company*

COMPANY D

COVERAGES : **CERTIFICATE NUMBER** **REVISION NUMBER:**

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	POLICY EXPIRATION DATE	LIMITS
	Commercial General Liability X CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT OTHER LOC	ABC 123	1/1/20XX	1/1/20XX	EACH OCCURRENCE $ 2,000,000 DAMAGE TO RENTED PREMISES (EA Occurrence) 2,000,000 MED EXP (Any One Person) 5,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS-COMP/OP AGG 2,000,000
	Auto Liability X ANY AUTO SCHEDULED AUTO ALL OWNED NON-OWNED HIRED AUTOS	ABC 123	1/1/20XX	1/1/20XX	Combined Single Limit $ 1,000,000 Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage
	X UMBRELLA LIAB OCC X EXCESS LIAB CLAIMS MADE DED RETENTION $				EACH OCCURRENCE $ 4,000,000 AGGREGRATE $ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED Y/N Partners/Executive Included Officers are Not Included	ABC 123	1/1/20XX	1/1/20XX	X PER STATUTE OTHER E.L. EACH ACCIDENT $ 500,000 E.L DISEASE - EA EMPLOYEE 500,000 E.L. DISEASE - POLICY LIMIT 500,000

If Med Hazard / High Hazardard - Umbrella and Excess Coverage maybe need to supplement the required miminum limits. Example 1M Occ CGL + 2M Occ Excess =3M Occ.

Standard is $1M Low Hazard $3M Med Hazard and 5+ High Hazard Total Limits Occ/Agg - Umbrella Coverage Can Be Applied (see

Additional Insured Parties maybe listed. However, additional insured endsorement should be attached to be valid.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TERMS

Columbia Property Trust, LLC, Columbia REIT - 799 Broadway LLC, Columbia Property Trust Services, LLC, Columbia Property Trust, Inc., Columbia Fund Sub Management Co., LLC, and each of their respective affiliates, shareholders, members, employees, managers, partners (including partners of partners), subsidiaries and related entities and any successors and/or assigns of such entities are included as additional insureds. Insurance is primary and non-contributory. Waiver of Subrogation applies.

CERTIFICATE HOLDER

Maple C 799 Broadway Owner II, LLC
c/o Columbia FundSub Management Co., LLC
315 Park Avenue South, 5th Fl
New York, NY 10010

CANCELLATION

SHOULD ANY OF THE ABOVE POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE SIGNATURE :