ACORD # CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER

[Insurance Broker Name and Address]

CODE SUB-CODE

INSURED

[Vendor's Name and Address]

| 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	NAIC #
COMPANY LETTER **A** *[Name of Insurance Carrier]*	
COMPANY LETTER **B**	
COMPANY LETTER **C**	
COMPANY LETTER **D**	
COMPANY LETTER **E**	

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 COI does not confer rights to the certificate holder in lieu of such endorsement(s)

COVERAGES

| THIS IS TO CERTIFY THAT THEPOLICIES 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 RESPECTS 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	POLICY EXPIRATION	LIMITS	
A	**GENERAL LIABILITY** [X] COMMERCIAL GENRL LIABILITY [ ] CLAIMS MADE [X] OCCUR. [ ] OWNER'S & CONTRACTR'S PROT. [ ]	*[Policy Number]*	*[xx/xx/xx]*	*[xx/xx/xx]*	GENERAL AGGREGATE PRODUCTS-COMP/OPS AGGREGATE PERSONAL & ADVertising INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MEDICAL EXPENSE (Any one person)	$ 2,000,000.00 $ $ $ 1,000,000.00 $ $
A	**AUTOMOBILE LIABILITY** [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS [ ] GARAGE LIABILITY [ ]	*[Policy Number]*	*[xx/xx/xx]*	*[xx/xx/xx]*	COMBINED SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE	$ 1,000,000.00 $ $ $
	EXCESS LIABILITY [X] [ ] OTHER THAN UMBRELLA FORM				EACH OCCURRENCE $ 5,000,000.00	AGGREGATE $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**	*[Policy Number]*	*[xx/xx/xx]*	*[xx/xx/xx]*	[X] WC STATUTORY LIMITS $ 500,000.00 (EACH ACCIDENT) $ 500,000.00 (DISEASE-POLICY LIMIT) $ 500,000.00 (DISEASE-EACH EMPLOYEE)	
	PROPERTY INSURANCE				**AMOUNT TO COVER CONTRACTORS PROPERTY.**	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TERMS

Jones Lang LaSalle Americas, Inc., JP-Palisades I, LLC, Pacific Oak Capital Advisors, LLC including their officers, directors, and employees are listed as additional insureds. Insurance will not be cancelled, not renewed or the limits of coverage reduced without at least 30 days advance written notice sent by certified mail, return receipt requested to Certificate Holder. Waiver of Subrogation - Service Contractor waives any and all rights of subrogation with respect to its commercial property and workers' compensation liability insurance policies against the parties identified as the Certificate Holder.

CERTIFICATE HOLDER

JP-Palisades I, LLC
c/o Jones Lang LaSalle Americas, Inc.
2435 North Central Expressway, Suite 480
Richardson, Texas 75080

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 NOOBLIGATION OR
| LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE