

# Certificate Of Insurance

Producer

This certificate is issued as a matter of information only and confers no right upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below

**Insurance Agent**

**Companies Affording Coverage**

Insured

**Contractor**

- Company Letter A **Insurance Company**
- Company Letter B **Insurance Company**
- Company Letter C **Insurance Company**
- Company Letter D
- Company Letter E

**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 afford 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

Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits
<b>A General Liability</b>				<b>General Aggregate \$2,000,000</b>
<b>X Commercial General Liability</b> Claims Made <b>Occur. X</b> Owner's Contractor's Prot				<b>Personal &amp; Adv Injury \$2,000,000</b> <b>Each Occurrence \$2,000,000</b> <b>Fire Damage (Any one fire)</b> <b>Med Exp (any one person)</b>
<b>B Automobile Liability</b>				<b>Combined Single Limit \$1,000,000</b> <b>Bodily Injury (per person)</b> <b>Bodily Injury (per accident)</b> <b>Property Damage</b>
<b>C Excess Liability</b>				<b>Each Occurrence \$1,000,000</b> <b>Aggregate \$1,000,000</b>
<b>X Umbrella Form</b> Other than umbrella Form				<b>X - Statutory Limits</b> <b>EL Each Accident \$1,000,000</b> <b>EL Disease-Policy Limit \$1,000,000</b> <b>EL Disease-EA Employee \$1,000,000</b>
<b>D Workers Compensation and Employers' Liability</b>				
<b>Other</b>	<p><b><u>Property Insurance</u> - in an amount equal to the replacement value of all tools - Waiver of Subrogation applies.</b>  <b><u>Crime / Employee Dishonesty</u> - \$500,000 Limit</b>  <b><u>Other Coverage</u> - As Required by Contract.</b></p>			

**Description of operations/Locations/Vehicles/Special Items**

**LOCATIONS: Parcel 22/25 225 Dyer Street, Providence, RI 02903**

**Owner, any managing agent or authorized representative of Owner, any affiliate of Owner required to be named by Owner and their successors and their respective corporate affiliates, including but not limited to Providence Innovation District Phase I Owner, LLC; Ventas, Inc; Ventas Life Sciences, LLC; CIC Property Management, LLC; Wexford Science & Technology, LLC; Wexford Asset Management, LLC are named as Additional Insured parties on a Primary and non-contributory basis. Waiver of subrogation applies as required per written contract or agreement.**

**Certificate Holder** **Cancellation**

**Providence Innovation District Phase I Owner, LLC**  
**c/o Wexford Science & Technology**  
**801 W. Baltimore Street Suite 505**  
**Baltimore, MD 21201**

Should any of the above described policies be cancelled before the expiration date therefore, 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 agent or representatives.

**Authorization Representative**