

CERTIFICATE OF INSURANCE						<small>ISSUE DATE (MM/DD/YY)</small> <input type="checkbox"/> 05/04/10	
<b>PRODUCER</b>  <b>(NAME AND ADDRESS OF INSURANCE PROVIDER)</b>			<small>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.</small>				
<b>INSURED</b>  <b>(NAME AND ADDRESS OF SUBCONTRACTOR)</b>			<b>COMPANIES AFFORDING COVERAGE</b>				
			Company				
			Letter <b>A</b>				
			Company				
			Letter <b>B</b>				
			Company				
			Letter <b>C</b>				
			Company				
			Letter <b>D</b>				
			Company				
Letter <b>E</b>							
<b>COVERAGES</b>							
<small>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.</small>							
CO LTR	TYPE INSURANCE	POLICY NUMBER		POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNER'S & CONTRACT'S PROT. <input type="checkbox"/> COMM. GENERAL LIABILITY						GENERAL AGGREGATE	<b>\$2,000,000</b>
						PROD-COMP/OP AGG.	<b>\$1,000,000</b>
						PERS. & ADV. INJURY	<b>\$1,000,000</b>
						EACH OCCURRENCE	<b>\$1,000,000</b>
						FIRE DAMAGE (ONE FIRE)	<b>\$50,000</b>
						MED. EXP. (ONE PER)	<b>\$5,000</b>
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY						COMBINED SINGLE LIMIT	<b>\$1,000,000</b>
						BODILY INJURY (PER PERSON)	
						BODILY INJURY (PER ACCIDENT)	
						PROPERTY DAMAGE	
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM						EACH OCCURRENCE	<b>\$5,000,000</b>
						AGGREGATE	<b>\$5,000,000</b>
WORKERS' COMPENSATION AND EMPLOYERS LIABILITY						<input checked="" type="checkbox"/> STATUTORY LIMITS	
						EACH ACCIDENT	<b>\$1,000,000</b>
						DISEASE-POLICY LIMIT	<b>\$1,000,000</b>
						DISEASE-EACH EMP.	<b>\$1,000,000</b>
OTHER PROPERTY							
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS							
<b>JBG Smith and Federal Center Limited Partnership</b> <b>are named additional insured in regard to any liability arising out of work being performed</b> <b>at the property located at: 300 M Street, S.E., Washington DC 20003</b>							
CERTIFICATE HOLDER				CANCELLATION			
<b>JBG Smith Properties</b> <b>300 M Street, S.E., Suite PH</b> <b>Washington DC 20003</b> <b>Attn: Morgan Johnson-Massey, Property Manager</b>				<small>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</small>  <small>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.</small>			
				<small>AUTHORIZED REPRESENTATIVE</small>			
ACORD 25-S (7/90)				20-26			