

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
 05/04/10

PRODUCER
(NAME AND ADDRESS OF INSURANCE PROVIDER)

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

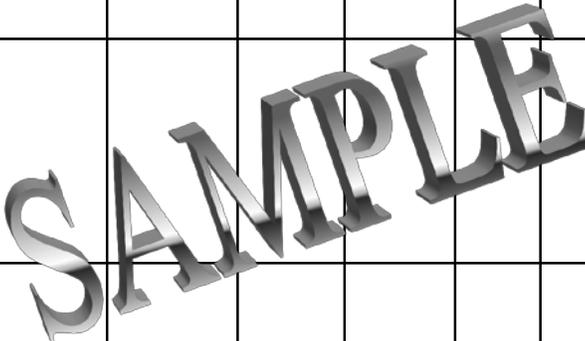
INSURED
(NAME AND ADDRESS OF SUBCONTRACTOR)

| | |
|---------|----------|
| Company | |
| Letter | A |
| Company | |
| Letter | B |
| Company | |
| Letter | C |
| 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 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 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 | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PROD-COMP/OP AGG.</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>PERS. & ADV. INJURY</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>FIRE DAMAGE (ONE FIRE)</td><td style="text-align: right;">\$50,000</td></tr> <tr><td>MED. EXP. (ONE PER)</td><td style="text-align: right;">\$5,000</td></tr> </table> | GENERAL AGGREGATE | \$2,000,000 | PROD-COMP/OP AGG. | \$1,000,000 | PERS. & ADV. INJURY | \$1,000,000 | EACH OCCURRENCE | \$1,000,000 | FIRE DAMAGE (ONE FIRE) | \$50,000 | MED. EXP. (ONE PER) | \$5,000 |
| GENERAL AGGREGATE | \$2,000,000 | | | | | | | | | | | | | | | | |
| PROD-COMP/OP AGG. | \$1,000,000 | | | | | | | | | | | | | | | | |
| PERS. & ADV. INJURY | \$1,000,000 | | | | | | | | | | | | | | | | |
| EACH OCCURRENCE | \$1,000,000 | | | | | | | | | | | | | | | | |
| FIRE DAMAGE (ONE FIRE) | \$50,000 | | | | | | | | | | | | | | | | |
| MED. EXP. (ONE PER) | \$5,000 | | | | | | | | | | | | | | | | |
| | 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 | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>BODILY INJURY (PER PERSON)</td><td></td></tr> <tr><td>BODILY INJURY (PER ACCIDENT)</td><td></td></tr> <tr><td>PROPERTY DAMAGE</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table> | COMBINED SINGLE LIMIT | \$1,000,000 | BODILY INJURY (PER PERSON) | | BODILY INJURY (PER ACCIDENT) | | PROPERTY DAMAGE | | | | | |
| COMBINED SINGLE LIMIT | \$1,000,000 | | | | | | | | | | | | | | | | |
| 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 | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table> | EACH OCCURRENCE | \$5,000,000 | AGGREGATE | \$5,000,000 | | | | | | | | |
| EACH OCCURRENCE | \$5,000,000 | | | | | | | | | | | | | | | | |
| AGGREGATE | \$5,000,000 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | WORKERS' COMPENSATION AND EMPLOYERS LIABILITY | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> STATUTORY LIMITS</td><td></td></tr> <tr><td>EACH ACCIDENT</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DISEASE-POLICY LIMIT</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DISEASE-EACH EMP.</td><td style="text-align: right;">\$1,000,000</td></tr> </table> | <input checked="" type="checkbox"/> STATUTORY LIMITS | | EACH ACCIDENT | \$1,000,000 | DISEASE-POLICY LIMIT | \$1,000,000 | DISEASE-EACH EMP. | \$1,000,000 | | | | |
| <input checked="" type="checkbox"/> STATUTORY LIMITS | | | | | | | | | | | | | | | | | |
| EACH ACCIDENT | \$1,000,000 | | | | | | | | | | | | | | | | |
| DISEASE-POLICY LIMIT | \$1,000,000 | | | | | | | | | | | | | | | | |
| DISEASE-EACH EMP. | \$1,000,000 | | | | | | | | | | | | | | | | |
| | OTHER PROPERTY | | | | | | | | | | | | | | | | |



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

JBG Smith and Federal Center Limited Partnership
 are named additional insured in regard to any liability arising out of work being performed
 at the property located at: **300 M Street, S.E., Washington DC 20003**

CERTIFICATE HOLDER

CANCELLATION

JBG Smith Properties
300 M Street, S.E., Suite PH
Washington DC 20003
Attn: Morgan Johnson-Massey, Property Manager

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 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.

AUTHORIZED REPRESENTATIVE