

**ACCORD CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)

<b>PRODUCER</b> Name and Address of Insurance Agent or Broker	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.
	<b>COMPANIES AFFORDING COVERAGE.</b>
	COMPANY A "ZZZ COMPANY"
<b>INSURED</b> Name and Address of Contractor	COMPANY B "YYY COMPANY"
	COMPANY C "XXX COMPANY"
	COMPANY D "WWW COMPANY"

**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 OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT <input checked="" type="checkbox"/> BRD FRM VENDORS		XX/XX/2005	XX/XX/2006	GENERAL AGGREGATE	\$2,000,000
					DAMAGES TO RENTED PREMISES (Ea occurrence)	
					MED EXP (Any one person)	
					PERSONAL & ADV INJURY	\$2,000,000
					GENERAL AGGREGATE	\$2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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"/> UNINSURED MOTORIST		XX/XX/2005	XX/XX/2006	COMBINED SINGLE LIMIT	\$2,000,000
					BODILY INJURY (per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EACH ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
C	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		XX/XX/2005	XX/XX/2006	EACH OCCURRENCE	\$5,000,000
					AGGREGATE	\$5,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ <input type="checkbox"/> INCL PARTNERS EXECUTIVE <input type="checkbox"/> EXCL OFFICERS ARE:		XX/XX/2005	XX/XX/2006	X STATUTORY LIMITS	*
					EACH ACCIDENT	\$2,000,000
					DISEASE - POLICY LIMIT	\$2,000,000
A	OTHER				DISEASE - EACH EMPLOYEE	\$2,000,000

**DESCRIPTION OF PERTAINS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 Digital 365 Randolphville, LLC, Digital Realty Trust, LP, Digital Realty Trust, Inc. and CB Richard Ellis and additional insured vendors

<b>CERTIFICATE HOLDER</b> Digital 365 Randolphville, LLC c/o CB Richard Ellis, Inc. 3 Corporate Place, Suite 117 Piscataway, NJ 08854	<b>CANCELLATION</b> AUTHORIZED REPRESENTATIVE
	Signature of Authorized Representative

POLICY NUMBER: \_\_\_\_

COMMERCIAL GENERAL LIABILITY  
CG 20 \_\_\_\_\_

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Digital Realty Trust, LP; Digital Realty Trust, Inc.; Digital 365 Randolphville, LLC;  
and CB Richard Ellis, Inc.

Location And Description of Completed Operations:

365 Randolphville Road, Piscataway, New Jersey 08854

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

(Section II) - WHO IS AN INSURED is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of "your work" at the location designated and described in the Schedule of this endorsement performed for that insured and included in the "products-completed operations hazard."

CG 20 \_\_\_\_\_

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