

<b>ACORD</b>	<b>CERTIFICATE OF INSURANCE</b>	DATE (MM/DD/YY) <b>xx/xx/xx</b>
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<b>PRODUCER</b> Name of Insurance Agent License # xxxxxxxx Street Address City, State, Zip Phone: (xxx) xxx-xxxx Fax: (xxx) xxx-xxxx	<b>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> <b>COMPANIES AFFORDING COVERAGE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">COMPANY A</td> <td>XXXXXXXXXXXXXXXXXX</td> </tr> <tr> <td>COMPANY B</td> <td>XXXXXXXXXXXXXXXXXX</td> </tr> <tr> <td>COMPANY C</td> <td>XXXXXXXXXXXXXXXXXX</td> </tr> <tr> <td>COMPANY D</td> <td>XXXXXXXXXXXXXXXXXX</td> </tr> </table>	COMPANY A	XXXXXXXXXXXXXXXXXX	COMPANY B	XXXXXXXXXXXXXXXXXX	COMPANY C	XXXXXXXXXXXXXXXXXX	COMPANY D	XXXXXXXXXXXXXXXXXX
COMPANY A	XXXXXXXXXXXXXXXXXX								
COMPANY B	XXXXXXXXXXXXXXXXXX								
COMPANY C	XXXXXXXXXXXXXXXXXX								
COMPANY D	XXXXXXXXXXXXXXXXXX								

<b>INSURED</b> Name of Vendor/Contractor Street Address City, State, Zip	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">COMPANY B</td> <td>XXXXXXXXXXXXXXXXXX</td> </tr> <tr> <td>COMPANY C</td> <td>XXXXXXXXXXXXXXXXXX</td> </tr> <tr> <td>COMPANY D</td> <td>XXXXXXXXXXXXXXXXXX</td> </tr> </table>	COMPANY B	XXXXXXXXXXXXXXXXXX	COMPANY C	XXXXXXXXXXXXXXXXXX	COMPANY D	XXXXXXXXXXXXXXXXXX
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COMPANY C	XXXXXXXXXXXXXXXXXX						
COMPANY D	XXXXXXXXXXXXXXXXXX						

**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 REPSECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	<b>GENERAL LIABILITY</b>	XXXXXXXXXX	xx/xx/xx	xx/xx/xx	GENERAL AGGREGATE	\$5,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$1,000,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000	
	<input checked="" type="checkbox"/> OWNER'S AND CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER				FIRE DAMAGE (Any one fire)	\$100,000	
	<input type="checkbox"/> POLICY				MED EXP (Any one person)	Any amount OK	
	<input checked="" type="checkbox"/> PROJECT	OR "LOCATION"					
	<input type="checkbox"/> LOCATION						
B	<b>AUTOMOBILE LIABILITY</b>	XXXXXXXXXX	xx/xx/xx	xx/xx/xx	COMBINED SINGLE LIMIT	\$1,000,000	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)		
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)		
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE		
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
	<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$5,000,000	
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$5,000,000	
	<input type="checkbox"/> DEDUCTIBLE						
	<input type="checkbox"/> RETENTION \$						
C	<b>WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY</b>	XXXXXXXXXX	xx/xx/xx	xx/xx/xx	<input checked="" type="checkbox"/> STATUTORY LIMITS		
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	EACH ACCIDENT	\$1,000,000
						DISEASE-POLICY LIMIT	\$1,000,000
						DISEASE-EACHEMLOYEE	\$1,000,000
	<b>OTHER</b>	XXXXXXXXXX	xx/xx/xx	xx/xx/xx			
	Property				Limit of Liability		

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 Union Bank Plaza, 445 South Figueroa Street; Los Angeles, CA 90071  
 KBSII 445 South Figueroa, LLC; KBS Capital Advisors, LLC; and Cushman & Wakefield U.S, Inc. and all their officers, directors, and employees are included as Additional Insured (except as respects all coverage afforded by the Worker's Compensation policy) and a Waiver of Subrogation is granted as required by contract, but only for liability arising out of the operations of the named insured.

<b>CERTIFICATE HOLDER</b> KBSII 445 South Figueroa, LLC c/o Cushman & Wakefield U.S., Inc. 445 South Figueroa Street, Suite 2960 Los Angeles, CA 90071 Attn: General Manager	<b>CANCELLATION</b> 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 NO OPLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  <b>Signature of the Insurance Agent</b> AUTHORIZED REPRESENTATIVE
<b>ACORD 25-S</b>	<b>ACORD CORPORATION</b>

POLICY NUMBER:    **xxxxxxxxxx**

COMMERCIAL GENERAL LIABILITY

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

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS (FORM B)**

**This endorsement modifies insurance provided under the following:**

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

NAME OF PERSON OR ORGANIZATION:    **KBSII 445 South Figueroa, LLC  
KBS Capital Advisors, LLC  
Cushman & Wakefield U.S., Inc.**

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

WHO IS INSURED (Section II) 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” for that insured by or for you.

**The insurance afforded by this policy for the benefit of the additional insureds shown herein shall be primary insurance with respect to any claim, loss or liability arising out of the operations of the Named Insured.**