



**GRUBB & ELLIS.**

From Insight to Results

Exhibit C

## SEVEN MILE CROSSING INSURANCE REQUIREMENTS

Please remember to include the Owner, Owner name, and owner's agent under the additional insured\* information. Below you will find an example of how it should be completed. Please use this information to complete your certificate.

**Property Location**

Seven Mile Crossing

**Owner Name**

SMC Investors, L.L.C.

**Owner's Agent**

Grubb & Ellis Management Services, Inc.

26555 Evergreen

Suite 500

Southfield, MI 48076

Attn: Kim Sulek

**Owner**

Kojaian Management Corp.

SMC Investors, L.L.C.

c/o Grubb & Ellis Management

26555 Evergreen, Suite 500

Southfield, MI 48076

Please fax your certificate of insurance to (734) 462-2050 and mail a hard copy to our office:

Grubb & Ellis Management Services, Inc.

38701 Seven Mile Road, Suite 190

Livonia, MI 48152

If there are any questions or problems, please do not hesitate to contact our office @ (734) 462-8405.

Thank you.

\* Please note that “additional insured” and “certificate holder” are **not** the same thing.

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**04/01/2009**

PRODUCER  
**INSURANCE AGENCY/BROKER COMPANY NAME**  
 1234 MAIN STREET  
 ANYWHERE, USA 12345  
 (734) 555-1212 FAX (734) 555-1213 **EMAIL@EMAILNEEDED.COM**

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.

INSURED  
**TENANT NAME**  
**TENANT ADDRESS**  
 ANYWHERE, USA 12345

INSURERS AFFORDING COVERAGE .	NAIC#
INSURER A: <b>Insurance Company ABC</b>	<b>12345</b>
INSURER B: <b>Insurance Company DEF</b>	<b>67890</b>
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>	<b>X</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY . . . CLAIMS MADE <input checked="" type="checkbox"/> OCCUR . . . EN'L AGGREGATE LIMIT APPLIES PER . . . POLICY PROJECT <input checked="" type="checkbox"/> LOC	<b>ABC 12345</b>	<b>04/01/09</b>	<b>04/01/10</b>	EACH OCCURRENCE	<b>\$X,XXX,XXX</b>
		DAMAGE TO RENTED PREMISES (Ea occurrence)				<b>\$XXX,XXX</b>	
		MED EXP (Any one person)				<b>\$XX,XXX</b>	
		PERSONAL & ADV INJURY				<b>\$X,XXX,XXX</b>	
		GENERAL AGGREGATE				<b>\$X,XXX,XXX</b>	
		PRODUCTS - COMP/OP AGG					
		AUTOMOBILE LIABILITY . ANY AUTO . ALL OWNED AUTOS . SCHEDULED AUTOS . HIRED AUTOS . NON-OWNED AUTOS . .				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY ANY AUTO				AUTO ONLY -EA ACCIDENT	
						OTHER THAN AUTO ONLY	EA ACC AGG
<b>A</b>	<input checked="" type="checkbox"/>	EXCESS/UMBRELLAL LIABILITY . . . CLAIMS MADE . DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION <b>\$XX,XXX</b>	<b>ABC 12345</b>	<b>04/01/09</b>	<b>04/01/09</b>	EACH OCCURRENCE	
		AGGREGATE					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS Below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	
						E.L. DISEASE - EA EMPLOYEE	
						E.L. DISEASE - POLICY LIMIT	
<b>A</b>		OTHER <b>PROPERTY-SPECIAL CAUSE OF LOSS</b>		<b>04/01/09</b>	<b>04/01/09</b>	PPI	<b>\$XXX,XXX</b>

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**Grubb & Ellis Management Company, SMC Investors, LLC, and Kojaian Management Company are listed as additional insured (per attached endorsement CG 20 10 or equivalent) as respects the [TENANT NAME]'s operations at [TENANT INSURED LOCATION ADDRESS].**

## CERTIFICATE HOLDER

**Grubb & Ellis Management Company**  
 38701 Seven Mile Road  
 Suite 190  
 Livonia, MI 48152

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS, OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE