

3800

Alameda

INSURANCE REQUIREMENTS FOR TENANTS & VENDORS

- Employers Liability \$1,000,000
- Commercial General Liability (“CGL”), Bodily Injury and Property Damage including Premises-Operations and Products-Completed Operations, Blanket Contractual, Independent Contractors, Personal and Advertising Injury, XCU Hazards Coverage, No Insured vs. Insured Exclusion or Limitation \$1,000,000 per occurrence, \$1,000,000 personal and advertising injury, \$1,000,000 general aggregate (with a per location endorsement specifying the Property), \$1,000,000 products-completed operations aggregate
- Commercial or Business Automobile Liability, Bodily Injury and Property Damage (including owned, non-owned, leased and hired vehicles) \$1,000,000 each accident
- Workers Compensation In compliance with requirements of the State where the Property is located
- Umbrella or Follow Form Excess Liability At Least As Broad As Primary CGL \$5,000,000 per occurrence, \$5,000,000 annual aggregate
- Garage Keepers Legal Liability (when applicable) \$1,000,000
Subject to a deductible provision not to exceed \$250 per occurrence
- Garage Liability Insurance (when applicable) \$1,000,000
Combined Single Limit
- Non-occupational and Disability Insurance, if required by the State where the Property is located
- Fidelity Bond coverage on a blanket basis covering Contractor and all those of its employees who have access to or are responsible for the handling of Agent’s or Owner’s funds, in an amount as Agent or Owner shall reasonably request, having such deductible as shall be determined from time to time by Agent or Owner, and naming Owner as a loss payee

NOTE:

1. With respect to CGL and Umbrella/Excess Liability coverage, **3800 Alameda Owner, LLC and The Worthe Real Estate Group, Inc. (“Worthe”) and all Related Interests**

must be named as an additional insureds by *signed endorsements*, and on the Certificate of Insurance, both in form and content acceptable to Worthe.

2. Certificate of Insurance is to be furnished evidencing compliance with all insurance requirements. Each policy shall be endorsed to provide Worthe with not less than thirty (30) days prior written notification in the event of cancellation or non-renewal. Tenant or Vendor/Contractor, as applicable, shall provide complete copies of its insurance policies to Worthe upon request.
3. Certificate shall state, and each policy shall be endorsed to provide, that "Such policies are primary and non-contributory and any insurance carried by Worthe is excess."
4. **Please note on the certificate the name of the project and/or client that this certificate is being requested for.**
5. Mail certificate to: 3800 Alameda Owner, LLC
 C/O The Worthe Real Estate Group, Inc.
 3800 West Alameda Ave, Suite 100
 Burbank, CA 91505
 Attn: Adam Jahangosha
6. **IMPORTANT NOTICE:** DIFFERENT AND/OR ADDITIONAL
 COVERAGES MAY BE REQUIRED IN THE
 SOLE DISCRETION OF WORTHE DEPENDING
 UPON THE NATURE, SCOPE AND RISKS OF
 THE OCCUPANCY, WORK OR SERVICES.
7. Contractor shall carry the above indicated at his/her own expense.
8. All policies shall provide, by policy provision or endorsement acceptable to Worthe, for waiver of the insurers' rights of recovery (by subrogation or otherwise) against Worthe, Agent and Owner.
9. If you have any questions about our requirements, please call Adam Jahangosha at (818) 846-6804. All incomplete Certificates of Insurance will be returned to the vendor for correction and reissuing.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/2/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE:	FAX:
	(A/C, No. Ext):	(A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			ERA7P6F16	12/2/2016	12/2/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Broad Form Contractual						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> AGGREGATE POLICY <input checked="" type="checkbox"/> LIMITS PER: <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OTHER:						GENERAL AGGREGATE \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS			BAA56247560	12/2/2016	12/2/2017	PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> HIRED AUT						Contractor's Pollution \$ 1,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Underinsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB			EXA7VFC16	12/2/2016	12/2/2017	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						AGGREGATE \$ 5,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	CST5009177	12/2/2016	12/2/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Inland Marine & Commercial Property			BKS56247560	12/2/2016	12/2/2017	Rented/Leased Equipment 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 10 day notice of cancellation for non-payment of premium and 30 day notice for all other cancellations.
 3800 Alameda Owner, LLC and The Worthe Real Estate Group, Inc. ("Worthe") and all Related Interests are named as additional insured for general liability as per the attached endorsements. RE: 3800 Alameda

CERTIFICATE HOLDER

CANCELLATION

3800 Alameda Owner, LLC
 C/O The Worthe Real Estate Group, Inc.
 3800 West Alameda Ave,
 Suite 100
 Burbank, CA 91505

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Greg Smith/GES

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ACORD 25 (2014/01)

INS025 (201401)

POLICY NUMBER: _____
NAMED INSURED: _____

**ADDITIONAL INSURED — OWNERS, LESSEES OR
CONTRACTORS — COMPLETED OPERATIONS**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Section 1. COMMERCIAL GENERAL LIABILITY AND EMPLOYEE BENEFITS ADMINISTRATION

Section 2. GENERAL POLLUTION LIABILITY

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section **III, WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for **bodily injury or property damage** caused, in whole or hi part, by **your work** at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the **products-completed operations hazard**.

B. Notwithstanding § VI., paragraph I., **Other Insurance**, with respect to the insurance afforded to the additional insureds added by this Endorsement, this Policy shall be primary to, and non-contributory with, any other insurance available to that person or organization when required by written contract or agreement.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

ALL PERSONS OR ORGANIZATIONS WHERE REQUIRED BY WRITTEN CONTRACT WITH THE NAMED INSURED.

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

A. 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 ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY-PLEASE READ IT CAREFULLY

**PRIMARY AND NON-CONTRIBUTING INSURANCE
(THIRD-PARTY)**

THIS ENDORSEMENT MODIFIES INSURANCE UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section IV: Commercial General Liability Conditions, Paragraph 4, and all subparts thereof, as contained in the policy is deleted in its entirety and replaced with the following condition as respects the Third Party shown below:

Section IV: Commercial General Liability Conditions 4.

Other Insurance:

- (a) With respect to the Third Party shown below, the insurance provided by this policy shall be primary and non-contributing insurance. Any and all other valid and collectable insurance available to such Third Party in respect of work performed by you under written contractual agreements with said Third Party for loss covered by this policy, shall in no instance be considered as primary, co-insurance, or contributing insurance. Rather, any such other insurance shall be considered excess over and above the insurance provided by this policy.

The Third Party to whom this endorsement applies is:

Absence of a specifically named Third Party above means that the provisions of this endorsement apply "as required by written contractual agreement with any Third Party for whom you are performing work."

All other terms and conditions of this policy remain unchanged.

This endorsement is effective on the inception date of the policy unless otherwise stated herein. (The information below is required only when this endorsement is issued subsequent to preparation of this policy.)

Policy Number: ERA7P6F11

Named Insured:

Endorsement Effective Date: 12/02/2011