

**NOTICE OF
INSURANCE CERTIFICATE REQUIRED**



CERTIFICATE HOLDER	ADDITIONAL INSURED
<u>UPTOWN STATION:</u> SUSO 2 Uptown LP, as Owners and CBRE Inc, As Managing Agent 99 Eglin Pkwy NE, Suite 9 Fort Walton Beach, FL 32548	SUSO 2 Uptown LP as Owners and CBRE, Inc., As Managing Agent and all of their subsidiaries, agents & employees are Additional Insureds jointly and/or severally, regarding any coverage afforded by this policy with respect to services and/or materials performed, furnished or supplied.

**VENDOR INSURANCE
MINIMUM REQUIREMENTS ACCEPTABLE:**

INSURANCE CARRIER:

- The coverage must be provided through an insurance company which carries an A.M. Best Rating no less than "B+ " and "VII" as reported in the most recent *Property & Casualty Reports Key Rating Guide*.

COMMERCIAL GENERAL LIABILITY INSURANCE:

- **\$3,000,000** Per Occurrence
- **\$3,000,000** Aggregate

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY:

- As required by statute in the state where property is located and where any operations relating to the contract are located, with waiver of subrogation against Owner and Manager
- **\$1,000,000** Minimum Employers Liability of each accident and as aggregate limits
(If you have 4 or less employees and are Workers Comp Exempt we need a Copy of the Exemption Certificate on file)

AUTOMOBILE LIABILITY INSURANCE:

- Minimum of **\$3,000,000 combined single limit each occurrence**
- This coverage must include coverage for Owned, Hired and Non-Owned Vehicles.
If no owned vehicles, Hired and Non-Owned coverage is required.

UMBRELLA INSURANCE:

- Vendors may fulfill their insurance obligations through the use of any combination of primary and umbrella coverage.

ADDITIONAL INSURED ENDORSEMENT:

- Landlord and Manager are specifically named as an Additional Insured
- 2 Additional Insured Endorsements Required: CG 20 10 07 04 **and** CG 20 37 07 04
 - should be separate and attached to Certificate of Insurance PRIOR TO COMMENCEMENT OF THE WORK
- Blanket Endorsements are accepted.

NOTICE OF CANCELLATION CLAUSE:

- 30 days written notice of cancellation, material alteration, or non-renewal to Landlord/Manager

★ ★ ★ **PAYMENT WILL BE WITHHELD** for work performed under your Service Contract ★ ★ ★
until evidence of ALL insurance coverage's required is received by C B R E.

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 Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – 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", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

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 location 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.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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.	

Section II – 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 in 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".