

CERTIFICATE OF INSURANCE
General Guidelines
621 17th Street

The following are insurance guidelines for those that provide services at 621 17th Street, Denver, CO 80202.

These are minimum recommended limits:

1. **Workers Compensation** - Workers' Compensation Insurance with statutory benefits and limits which shall fully comply with all State and Federal requirements applying to this insurance; which shall include Broad Form all states and voluntary compensation endorsements.
2. **Employers Liability** - With limits of not less than \$1,000,000 each accident/occurrence, \$1,000,000 each employee/disease, \$1,000,000 disease/policy limit.
3. **General Liability** - including personal injury, owner's and contractor's protective liability, explosion, collapse and underground damage liability endorsement (commonly called X, C and U hazard), products, completed operations, blanket contractual and broad form property damage coverage, providing primary (and not contributing) coverage, and containing cross-liability and severability of interest clauses- \$3,000,000 per occurrence; \$3,000,000 General Aggregate.
4. **Automobile Liability** - including owned, non-owned, leased and hired car coverage, providing primary (and not contributing) coverage, and containing cross-liability and severability of interest clauses- \$1,000,000 combined single limit per occurrence.
5. **Excess/Umbrella** - With limits of not less than \$2,000,000 each occurrence; \$2,000,000 General Aggregate.
6. **All risk" builders risk property insurance** - for the full replacement cost of the work on a completed value basis, naming Owner as a loss payee, as its interest may appear, providing primary (and not contributing) coverage, and including a waiver of all rights of subrogation.

Additional Insured – 621 17th Street

All Certificates of Insurance must have the following wording in the “**Description**” section:

621 17th Street Operating Company LLC, Equity Office Management L.L.C., any successor in interest thereto (each of the foregoing, “Landlord”), any mortgage lender or ground lessor or Landlord, any managing agent of Landlord, and (direct or indirect) owner of any of the foregoing, and any beneficiary, officer, director, employee or agent of any of the foregoing and Jones Lang LaSalle Americas, Inc. are named as additional insured.

Certificate Holder

Equity Office Management L.L.C. c/o
Jones Lang LaSalle Americas, Inc.
633 17th Street, Suite 100
Denver, CO 80202

If you have any questions, please contact ReiEllen Harada at reiellen.harada@621-633.com or 720.550.5770.



EQ Office



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2016

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

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
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	123456789	12/31/2016	12/31/2017	EACH OCCURENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Each Occurrence) \$ MEDICAL EXP (Per person) \$N/A PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	987654321	12/31/2016	12/31/2017	COMBINED SINGLE LIMIT (Each Occurrence) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$Enter Amount	123456789	12/31/2016	12/31/2017	EACH OCCURENCE \$2,000,000 AGGREGATE \$2,000,000 \$ \$ \$
A	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	987654321	12/31/2016	12/31/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
	<input type="checkbox"/>	OTHER				

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

621 17th Street Operating Company LLC, Equity Office Management L.L.C., any successor in interest thereto (each of the foregoing, "Landlord"), any mortgage lender or ground lessor or Landlord, any managing agent of Landlord, and (direct or indirect) owner of any of the foregoing, and any beneficiary, officer, director, employee or agent of any of the foregoing and Jones Lang LaSalle Americas, Inc. are named as additional insured.

CERTIFICATE HOLDER Equity Office Management L.L.C. c/o Jones Lang LaSalle Americas, Inc. 633 17th Street, Suite 100 Denver, CO 80202	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE 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
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