

RISK ADJUSTED INSURANCE LIMITS – US

| Tier | General Liability Occurrence/Aggregate ¹ | Umbrella Liability ¹ | Auto | Workers Comp | Employers Liability | Errors & Omission s ² | Crime ³ |
|------|--|------------------------------------|------|-----------------|------------------------|--|--------------------|
| I | \$1M/1M | N/A | \$1M | Statutory | \$1M | \$1M | \$1M |
| II | | \$2M | | | | | |
| III | \$1M/2M | \$5M | | | | | |
| IV | | \$8M | | | | | |

1. Limits can be met using any combination of primary and excess layers.

2. Errors and Omissions (E&O) – required for all suppliers providing engineering, architectural and other professional services

3. Crime – required for suppliers who have a substantial onsite presence only

Additional Requirements

1. License/Rating. All insurance policies shall be in customary forms and shall be issued by companies authorized to do business in the states where the Services are performed and rated “A-,” FSC Class VIII or better by the most current A. M. Best’s Insurance Reports.
2. Notice of Cancellation. CBRE shall, be given not less than thirty (30) days’ notice prior to the cancellation of any insurance required by this Agreement for other than non-payment of premiums. CBRE shall be given at least ten (10) days’ notice prior to cancellation of any required insurance for non-payment of premium.
3. Additional Insured Endorsements. All certificates of insurance provided under this Agreement shall include copies of endorsements to Service Provider’s commercial general liability and automobile policies that include the applicable Client and CBRE (including all participating Affiliates) as additional insured(s) on appropriate ISO forms or equivalent form of Blanket Additional Insured Endorsement, covering the additional insureds for liability arising from all operations and completed operations of Service Provider.
4. Service Provider Insurance Primary. Service Provider’s insurance shall be deemed primary with respect to coverage extended to the additional insureds, whose insurance shall be excess and non-contributory with that required of Service Provider hereunder.
5. Waiver of Subrogation. To the fullest extent permitted by law, all insurance policies shall contain provisions that the insurance companies waive the rights of recovery or subrogation against Client, CBRE, their respective Affiliates, and each of their and their Affiliates’ respective agents, officers, directors, shareholders, employees, insurers, successors and assigns.

Suggested limits are minimum recommendations. If there is a unique risk or exposure inherent to the vendor’s operations, a specific risk assessment should be completed to determine appropriate limits

CATEGORIES BY TIER

| I | II | III |
|--|---|---|
| <ul style="list-style-type: none"> • Carpentry • Floor/Carpet Cleaning • MRO <ul style="list-style-type: none"> ◦ Janitorial Supplies ◦ Mechanical/Electrical/Plumbing Parts ◦ Office Supplies • Office Furniture/Fixture Repairs • Painting • Parking Lot/Garage Sweeping • Pressure Washing Services • Repair & Maintenance (R&M) <ul style="list-style-type: none"> ◦ Doors ◦ Windows (Ground Level) • Security - Lock & Key* • Uniforms • Water -Bottled/Dispensers • Window Cleaning Services (Ground Level) | <ul style="list-style-type: none"> • Cable Installation/Repairs • Energy Management Services • Fitness/Gym Center (Small Operations) • Landscaping Services - Other (Irrigation, etc.) • Lighting Installation • Move Services* • Printing/ Copy Center Services (Non-Labor) • Repair & Maintenance (R&M) <ul style="list-style-type: none"> ◦ A/V Equipment ◦ Boiler ◦ Compressor ◦ Electrical (Low Voltage) ◦ Exterior Building Services ◦ Foodservices Equipment ◦ HVAC ◦ Industrial Equipment ◦ Interior (general) ◦ Lighting ◦ Parking Lot/ Garage ◦ Plumbing • Signage • Vending Services* • Waste – Recycling Services | <ul style="list-style-type: none"> • Cafeteria Services* • Disaster Recovery & Restoration* • Document Management Services – Offsite* • Document Shredding* • Fitness/Gym Center (Large Operations) • Fuel (Generator) • Fuel Tank Inspection - Maintenance, Certification • Janitorial Services* • Pest Control • Purchased Labor (Mailroom, Copy Center, Receptionist)* • Repair & Maintenance (R&M) <ul style="list-style-type: none"> ◦ Building Automation/Controls ◦ Electrical (High Voltage) ◦ Fire & Life Safety – Alarm Systems ◦ Fire & Life Safety – Fire Systems ◦ Fire & Life Safety – Monitoring ◦ Generators ◦ Roofing ◦ Uninterruptible Power Supply (UPS) • Security - Card Reader/Access Control • Security - Guard Services* • Snow Removal Services • Waste - Solid Waste Disposal |
| IV | | |
| <ul style="list-style-type: none"> • Architectural/Design Services • Waste - Hazardous Materials, Remediation & Removal | <ul style="list-style-type: none"> • Construction (General Contracting) Services* | <ul style="list-style-type: none"> • Repair & Maintenance (R&M) <ul style="list-style-type: none"> ◦ Elevator/Escalator |

* Crime Policy Required



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
Current

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 Vendor's Insurance Agent Information Please send this SAMPLE CERTIFICATE to your Agent | CONTACT NAME: Vendor's Insurance Agent Contact Information PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ | |
| | INSURER(S) AFFORDING COVERAGE INSURER A: (Insurer must have a rating of A- FSC VIII INSURER B: or better.) INSURER C: INSURER D: INSURER E: INSURER F: | NAIC # |
| INSURED Vendor Company Information | | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Policies must meet the minimum requirements.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-------------------------------------|-------------------------------------|---------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | <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 |

SEE PAGES 1 & 2 FOR ADDITIONAL POLICY REQUIREMENTS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Any person or organization whom you are required to add are included as an Additional Insured on the General and Automobile policies with a Waiver of Subrogation under the General, Automobile and Workers Compensation policies under a written contract or written agreement. Such policies are primary and non-contributory as respects to any other insurance available to the Additional Insureds.

CERTIFICATE HOLDER

CANCELLATION

CBRE, Inc.
 c/o GRMS
 4447 N. Central Expressway, Suite 110-433
 Dallas, TX 75205

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

Authorized Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Current

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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).

| | | |
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| PRODUCER Vendor's Insurance Agent Information Please send this SAMPLE CERTIFICATE to your Agent | CONTACT NAME: Vendor's Insurance Agent Contact Information | |
| | PHONE (A/C, No. Ext): | FAX (A/C, No): |
| INSURED Vendor Company Information | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: (Insurer must have a rating of A- FSC VIII | |
| | INSURER B: or better.) | |
| | INSURER C: | |
| | INSURER D: | |
| INSURER E: | | |
| INSURER F: | | |
| NAIC # | | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER

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Policies must meet the minimum requirements.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-------------------------------------|-------------------------------------|---------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY | | | | | | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | | | | | | | MED EXP (Any one person) \$ |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | |
| | <input type="checkbox"/> ANY AUTO | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ALL OWNED AUTOS | | <input checked="" type="checkbox"/> | | | | BODILY INJURY (Per person) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | <input checked="" type="checkbox"/> | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ 2,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE \$ 2,000,000 |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

SEE PAGES 1 & 2 FOR ADDITIONAL POLICY REQUIREMENTS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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CERTIFICATE HOLDER

CANCELLATION

CBRE, Inc.
c/o GRMS
4447 N. Central Expressway, Suite 110-433
Dallas, TX 75205

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AUTHORIZED REPRESENTATIVE

Authorized Signature



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| | INSURER D: | |
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| | | | | | | | MED EXP (Any one person) \$ |
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| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | |
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| | | | | | | | \$ |
| | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> | | | | | EACH OCCURRENCE \$ 5,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> | | | | | AGGREGATE \$ 5,000,000 |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | \$ |
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| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

SEE PAGES 1 & 2 FOR ADDITIONAL POLICY REQUIREMENTS

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CERTIFICATE HOLDER

CBRE, Inc.
c/o GRMS
4447 N. Central Expressway, Suite 110-433
Dallas, TX 75205

CANCELLATION

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

Authorized Signature



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
Current

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| | INSURER(S) AFFORDING COVERAGE INSURER A: (Insurer must have a rating of A- FSC VIII INSURER B: or better.) INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____ | |
| INSURED Vendor Company Information | | NAIC # _____ |

| COVERAGES | | CERTIFICATE NUMBER: | | REVISION NUMBER: | | LIMITS | |
|--|---|-------------------------------------|-------------------------------------|------------------|-------------------------|-------------------------|--|
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| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ |
| | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____ | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| <div style="border: 2px solid red; padding: 5px; text-align: center; color: red; font-weight: bold;"> SEE PAGES 1 & 2 FOR ADDITIONAL POLICY REQUIREMENTS </div> | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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| | |
|--|--|
| CERTIFICATE HOLDER CBRE, Inc. c/o GRMS 4447 N. Central Expressway, Suite 110-433 Dallas, TX 75205 | CANCELLATION 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 Authorized Signature |
|--|--|