

MINIMUM REQUIREMENTS

Please forward the requirements below to your insurance agent so you can become an approved vendor for CBRE Limited.

- Sample Certificates of Insurance are included for reference.

GENERAL LIABILITY			
COVERAGE	REQUIRED LIMIT		
	HIGH	MEDIUM	LOW
Each Occurrence	\$2,000,000	\$1,000,000	\$1,000,000
Personal & Adv Injury	\$2,000,000	\$1,000,000	\$1,000,000
General Aggregate	\$2,000,000	\$1,000,000	\$1,000,000
Product – Comp/Op Aggregate	\$2,000,000	\$1,000,000	\$1,000,000

AUTOMOBILE LIABILITY			
COVERAGE	REQUIRED LIMIT		
	HIGH	MEDIUM	LOW
All Owned, Hired and Non-Owned Autos			
Combined Single Limit	\$1,000,000	\$1,000,000	\$1,000,000

UMBRELLA LIABILITY			
COVERAGE	REQUIRED LIMIT		
	HIGH	MEDIUM	LOW
Each Occurrence	\$5,000,000	\$2,000,000	-
Combined Single Limit	\$5,000,000	\$2,000,000	-

WORKERS COMPENSATION/EMPLOYER LIABILITY			
COVERAGE	REQUIRED LIMIT		
	HIGH	MEDIUM	LOW
Workers Compensation	Workers Compensation Clearance Certificate		
Employers Liability	Included in Commercial General Liability		
Provide certificate from WSIB (Workplace Safety and Insurance Board – Ontario) OR CSST (Commission de la santé et de la sécurité du travail – Quebec)			

ADDITIONAL POLICIES			
COVERAGE	REQUIRED LIMIT		
	HIGH	MEDIUM	LOW
Professional Liability	SEE TABLE BELOW		
Crime/Fidelity Bond			

CERTIFICATE HOLDER
Certificate holder must list: CBRE Limited c/o GRMS 4447 N. Central Expressway, Suite 110-433 Dallas, TX 75205

MINIMUM REQUIREMENTS

ADDITIONAL INSURANCE REQUIREMENTS
<ul style="list-style-type: none">• CBRE Limited and applicable clients must be added as Additional Insureds on General Liability policy.• Waiver of Subrogation in favor of CBRE Limited and applicable clients under the General Liability policy.• An AM Best rating of A- and FSC class of VIII or better is required on all insurance carriers.

ADDITIONAL REQUIRED DOCUMENTS
<ul style="list-style-type: none">• Declaration of Contractual Agreement

SERVICE CATEGORY	HIGH	MEDIUM	LOW	CRIME	E&O
A/V Equipment Maintenance and Repair Services		X			
Architectural/Design Services	X				
Building Automation/Controls	X				
Bulding System Repairs		X			
Cafeteria Services	X			\$ 1,000,000	
Carpentry			X		
Construction (General Contracting) Services	X				
Disaster Recovery & Restoration		X		\$ 1,000,000	
Document Management	X			\$ 1,000,000	
Document Shredding	X			\$ 1,000,000	
Door Repair & Maintenance			X		
Electrical		X			
Elevator and Escalator Maint. & Repair	X				
Energy Management Services		X			
Exterior Building Services		X			
Fire, Life & Safety Repair and Maint.	X				
Fitness/Gym Center	X				
Floor/Carpet Cleaning			X		
Foodservices Equipment Repair		X			
Fuel (Generator)	X				
Fuel Tank Inspection, Maintenance, Certification	X				
Generator Repair & Maintenance		X			
Glass Repair & Replacement		X			
Hazardous Materials and Waste Remediation and Removal	X				
HVAC		X			
Industrial Equipment Repair		X			
Interior Repair		X			
Janitorial Services		X		\$ 1,000,000	
Janitorial Supplies			X		
Landscaping Services		X			
Lighting Services		X			
Lock & Key			X	\$ 1,000,000	
Mechanical Parts			X		
Move Services		X		\$ 1,000,000	
Office Furniture/Fixture Repairs			X		
Office Supplies			X		
Painting			X		
Parking Lot, Garage Repair & Maintenance		X			
Parking Lot/Garage Sweeping			X		
Pest Control	X				
Plumbing		X			
Pressure Washing Services			X		
Printing Services		X			

SERVICE CATEGORY	HIGH	MEDIUM	LOW	CRIME	E&O
Purchased Labor (Mailroom, Copy Center, Receptionist)	X			\$ 1,000,000	\$ 1,000,000
Recycling Services		X			
Roofing Repair & Maintenance		X			
Security Guard Services	X			\$ 1,000,000	
Signage		X			
Uniforms			X		
Uninterruptible Power Supply (UPS)	X				
Vending Services		X		\$ 1,000,000	
Waste Disposal	X				
Water Supplies			X		
Window Cleaning Services		X			

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.
This certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED'S FULL NAME AND MAILING ADDRESS

BROKER'S FULL NAME AND MAILING ADDRESS

Vendor Company Information

Vendor's Insurance Agent Information

Please send this SAMPLE CERTIFICATE to your Agent

BROKER'S CLIENT ID:

POSTAL
CODE

HIGH INSURANCE REQUIREMENTS

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 a° orded by the policies described herein is subject to all terms, exclusions and conditions of such policies. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRY DATE (YYYY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> TENANTS LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION				EACH OCCURRENCE \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMPLETION AGG \$ 2,000,000 PERSONAL INJURY \$ 2,000,000 TENANTS LEGAL LIABILITY \$ MED EXP (Anyone person) \$ NON-OWNED AUTO \$ 1,000,000 OPTIONAL POLLUTION LIABILITY EXTENSION \$ (Per Occurrence) \$ (Aggregate) \$	
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES ** ALL LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED \$ 1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____				EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<div style="border: 2px solid red; padding: 10px; display: inline-block;">SEE PAGES 3 & 4 FOR ADDITIONAL POLICY REQUIREMENTS</div>	

ADDITIONAL INSURED NAME AND MAILING ADDRESS

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS

CBRE Limited and their applicable clients are included as Additional Insureds with a waiver of subrogation on the General Liability policy under a written contract or written agreement.

CERTIFICATE HOLDER - NAME AND MAILING ADDRESS

CANCELLATION

PROOF OF INSURANCE

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

Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail ____ 0 days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Authorized Signature

Certificate Holder fields must match exactly as seen here.

FAX NUMBER

EMAIL ADDRESS

COMPANY

DATE

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.
This certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED'S FULL NAME AND MAILING ADDRESS

BROKER'S FULL NAME AND MAILING ADDRESS

Vendor Company Information

Vendor's Insurance Agent Information

Please send this SAMPLE CERTIFICATE to your Agent

BROKER'S CLIENT ID:

POSTAL
CODE

MEDIUM INSURANCE REQUIREMENTS

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 a° ordered by the policies described herein is subject to all terms, exclusions and conditions of such policies. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

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AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES ** ALL LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE	\$1,000,000 \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____				EACH OCCURRENCE AGGREGATE	\$2,000,000 \$2,000,000
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SEE PAGES 3 & 4 FOR ADDITIONAL POLICY REQUIREMENTS				

ADDITIONAL INSURED NAME AND MAILING ADDRESS

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INSURED'S FULL NAME AND MAILING ADDRESS

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EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____				EACH OCCURRENCE AGGREGATE	\$ \$
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<div style="border: 2px solid red; padding: 10px; display: inline-block;">SEE PAGES 3 & 4 FOR ADDITIONAL POLICY REQUIREMENTS</div>	

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