

## **Insurance Document Requirement Sample**

| CERTIFICATE OF INSURANCE  |  |               |                              |  |   | ISSUE DATE(MM/DD/YYYY)  |             |
|---|--|---------------|------------------------------|--|---|---|-------------|
|   | Please incl  | ude Addit     | ional Ir                     | nsured Endor                           | sement Page   | _   |             |
| PRODUCER  | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPONTHE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |               |                              |  |   |   |             |
| SAMPLE  |  |               | COMPANIES AFFORDING COVERAGE |  |   |   |             |
|   |  |               | COMPANY LETTER A             |  |   |   |             |
| SAIVI   |  |               | COMPA                        | NY LETTER                              | В   |   |             |
|   |  |               | COMPA                        | NY LETTER                              | С   |   |             |
|   |  |               | COMPA                        | NY LETTER                              | Е   |   |             |
| COVERAGES   |  |               |                              |  |   |   |             |
|   | N OF ANY CONTRA  |               |                              |  |   | POLICY PERIOD INDICATED, NOTWITHSTAINDITIONS OF SUCH POLICIES. LIMITS SHO |             |
| CO LTR TYPE OF IN   | SURANCE  | POLICYNUMBER  |                              | POLICY<br>EFFECTIVE DATE<br>(MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY)  | LIMITS  |             |
| GENERAL LIABILITY   |  |               |                              |  |   | GENERAL AGGREGATE   | \$2,000,000 |
| X COMMERCIAL GENE   | RAL LIABILITY  |               |                              |  |   | PRODUCTS - COMP / OP AGG.   | \$1,000,000 |
| CLAIMS MADE   | OCCUR.   |               |                              |  |   | PERSONAL & ADV. INJURY  | \$1,000,000 |
| OWNER'S & CONTRA  | CTOR'S PROT.   |               |                              |  |   | EACH OCCURANCE  | \$1,000,000 |
| NCLUDES PRODUCT   | -S   |               |                              |  |   | FIRE DAMAGE (ANY ONE FIRE)  | \$50,000    |
|   |  |               |                              |  |   | MED. EXPENSE (ANY ONE PERSON)   | \$5,000     |
| AUTOMOBILE LIABILITY  |  |               |                              |  |   | COMBINED SINGLE LIMIT   | \$1,000,000 |
| X ANY AUTO  |  |               |                              |  |   |   |             |
| ALL OWNED AUTOS   |  |               |                              |  |   | BODILY INJURY (PER PERSON)  |             |
| SCHEDULED AUTOS   |  |               |                              |  |   |   |             |
| HIRED AUTOS   |  |               |                              |  |   | BODILY INJURY (PER ACCIDENT)  |             |
| NON-OWNED AUTOS   | <b>;</b>   |               |                              |  |   | 22222772  |             |
| GARAGE LIABILITY  |  |               |                              |  |   | PROPERTY DAMAGE   |             |
| EXCESS LIABILITY  |  |               |                              |  |   | EACH OCCURANCE  | \$2,000,000 |
| X UMBRELLA FORM   |  |               |                              |  |   | LACITOCONANCE   | φ2,000,000  |
| OTHER THAN  |  |               |                              |  |   | AGGREGATE   | \$2,000,000 |
| WORKER'S COMPENSATION   |  |               |                              |  |   | X STATUTORY LIMITS  |             |
| AND   |  |               |                              |  |   | EACH ACCIDENT   | \$1,000,000 |
| EMPLOYER'S LIABILITY  |  |               |                              |  |   | DISEASE-POLICY LIMIT  | \$1,000,000 |
|   |  |               |                              |  |   | DISEASE-EACH EMPLOYEE   | \$1,000,000 |
| OTHER PERSONAL PROPERTY   |  |               |                              |  |   | REPLACEMENT VALUE   | 100%        |
| DESCRIPTION OF OPERATIONS   | /LOCATIONS/V   | EHICLES / SPE | CIAL ITEM                    | S                                      |   |   |             |
| CBRE, INC., ENTERTAINMEN<br>ADDITIONAL INSUREDS   | T CENTER, LLC  | , A DELAWAR   | E LIMITEI                    | O LIABILITY COMPA                      | ANY, ONE HUNDRED T  | OWERS, LLC ARE NAMED AS   |             |
| CERTIFICATE HOLDER  |  |               |                              |  | CANCELLATION:   |   |             |
| CBRE, INC. AND ALL RELATED INTERESTS<br>2049 CENTURY PARK EAST, SUITE 1950<br>LOS ANGELES, CA 90067 |  |               |                              | 1                                      | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREFOR, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT-FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLICATION OR LIABILITY OF ANY KIND UPON THE COMPANY, IT'S AGENTS OR REPRESENTATIVE  AUTHORIZED REPRESENTATIVE |   |             |
|   |  |               |                              |  | AU I HURIZED KEPKESEI   | NIALIVE   |             |