

## VENDOR CERTIFICATE OF INSURANCE REQUIREMENTS

All tenant hired vendors are required to provide a COI for review and approval by Property Management, prior to commencement of any work onsite. This document can be provided directly to your vendor for reference/issuance of their certificate(s).

### MINIMUM INSURANCE REQUIREMENTS:

Contractor shall secure and keep in force during the life of the agreement at its sole cost and expense the following insurance policies issued by responsible insurance companies, maintaining an A.M. Best's Rating of A-VI or better.

	<u>Description</u>	<u>Amount</u>
a.	Commercial General Liability Insurance on a per occurrence basis. General Aggregate Limits should apply "per project" or "per location".	\$1,000,000 Each Occurrence. \$2,000,000 General Aggregate.
b.	Comprehensive Automobile Liability Bodily Injury and Property Damage Including Owned, Non-Owned and Hired Vehicles.	\$1,000,000 Combined Single Limit, Bodily Injury, and Property Damage Liability
c.	Worker's Compensation including a Waiver of Subrogation.	Statutory

### Certificate Holder should be listed as follows:

University Offices, LLC  
c/o Brennan Properties, Inc.  
575 University Ave, Suite 180  
Sacramento, CA 95825

- i. As respects to Liability coverage the following are to be named as an Additional Insured to policy, and on the Certificate of Insurance in the Description Field.  
**"University Offices LLC, Brennan Properties, Inc., and all related interests"**
- ii. A Certificate of Insurance is to be furnished evidencing insurance requirements and stating not less than thirty (30) days notification shall be given to Manager, in the event of cancellation or material change in policies. (Accord forms must have the words "endeavor to" and "but failure to mail such notice shall impose no obligation or liability upon the company" deleted/crossed out in the section entitled "CANCELLATION".)
- iii. Certificate shall state:  
**"Such policies are primary and any insurance carried by Owner of Property, University Offices LLC, Brennan Properties, Inc., and all related interests, are secondary and non-contributing with such policies".**
- iv. IMPORTANT NOTICE: Additional Coverage Required for Excessive Risks.
- v. Contractor shall carry the above indicated at his own expense.

Before commencing work, Contractor shall furnish Manager with one (1) original Certificate of Insurance for all said policies.

### INDEPENDENT CONTRACTOR:

Contractor is an independent contractor and all persons employed to furnish services there under are employees of Contractor and not of Manager or Owner of Property.

**We strive to be a paperless office. Please send only electronic documents to:**

[carolyn@brennanproperties.com](mailto:carolyn@brennanproperties.com)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/16/2023

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).

<b>PRODUCER</b> Leavitt Pacific Insurance Brokers, Inc. License #0D79674 1570 The Alameda, Suite 101 San Jose CA 95126	<b>CONTACT NAME:</b> Carlyn Eaton <b>PHONE (A/C, No, Ext):</b> (408) 288-6262 <b>FAX (A/C, No):</b> (408) 296-7435 <b>E-MAIL ADDRESS:</b> carlyn-eaton@leavitt.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Eco Office Inc, DBA: Creative Solutions 1010 S Milpitas Blvd. Milpitas CA 95035	<b>INSURER A:</b> Employers Mutual Casualty Company <b>NAIC #</b> 021415	
	<b>INSURER B:</b> CopperPoint Insurance Company <b>14216</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

COVERAGES **CERTIFICATE NUMBER: 22-23 Master** **REVISION NUMBER:**

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 AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-SUBJECT <input type="checkbox"/> LOC OTHER:		X	EX3196522	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 500,000 MED EXP (Per person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EX31	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$			EX3196522	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	X	NA00434604	4/1/2022	4/1/2023	<input checked="" type="checkbox"/> PER STATUTE <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
University Offices LLC, Brennan Properties, Inc., and all related interests are named as additional insured per GL endorsement. Primary and non-contributory wording applies. Should the above described policy(s) be cancelled before the expiration date thereof, we will mail 30 days written notice to the Certificate Holder named above; except, 10 days notice for non-payment of premium

<b>CERTIFICATE HOLDER</b>  University Offices LLC Brennan Properties, Inc 575 University Ave., Ste. 180 Sacramento, CA 95825	<b>CANCELLATION</b>  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 Fred Stafford/CHDUEN <i>Fred Stafford</i>
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