

**Vendor Certificate of Insurance Requirements**

All vendors performing work at 1801 California must have a Certificate of Insurance, which meets all the of the requirements stated below.

**Certificate Holder**

BPREP 1801 California Street Owner, LLC,  
BIT Investment BIT Investment Ninety, LLC  
1801 California Street, Suite 200  
Denver, CO 80202

**OWNER and Additional Insured**

Brookfield Properties (USA II) LLC, AFL-CIO Building Investment Trust, BPREP 1801 California Street Owner, LLC, BIT Investment Ninety, LLC, RREEF America LLC, RREEF Management LLC, Great Gray Trust Company, LLC, and their respective affiliates, shareholders, members (including members of members), partners (including partners of partners), subsidiaries, and related entities, and each of their respective successors and assigns.

**Coverage and Limit Requirements Standard**

<b>Policy</b>	<b>Limit</b>	<b>Amount</b>
General Liability	Per occurrence	\$1,000,000
General Liability	Aggregate	\$2,000,000
General Liability	Products/completed ops	\$2,000,000
Worker's Compensation	<b>Coverage as required by Law*</b>	<b>Statutory</b>
Employers Liability	Bodily Injury/Each Accident	\$1,000,000
Employers Liability	Bodily Injury by Disease per employee	\$1,000,000
Employers Liability	Bodily Injury Disease Aggregate	\$1,000,000
Automobile Liability	Combined Single Limit (CSL) per accident for owned, non-owned & hired autos	\$1,000,000

**\*Workers Compensation and Employers' Liability** insurance as required by law (or if the state has no statutory requirement, \$500,000.00 for workers' compensation and \$1 million for employers' liability).

## Coverage and Limit Requirements Umbrella

Vendor Type	Category	Umbrella (per occurrence and aggregate)
Architects/Consultants	C	5,000,000
Carpet Cleaning Services	B	2,000,000
Coffee, Snack and Food services	A	1,000,000
Document Shredding / Disposal	B	2,000,000
Door Maintenance / Installation	B	2,000,000
Electrician (general)	C	5,000,000
Fiber Optics/Voice & Data Cabling	C	5,000,000
Fire Sprinkler Systems	C	5,000,000
GC - TI's or Base Bldg work	D	10,000,000
Glass Repair / Maintenance	B	2,000,000
Grease Trap Cleaning / Vacuuming	B	2,000,000
Locksmith	B	2,000,000
Movers	B	2,000,000
Off. Supplies/copy paper	A	1,000,000
Painter (general painting)	B	N/A
Party Rentals	A	1,000,000
Plumber (general)	A	2,000,000
Refinishing (wood, metal, brass )	B	2,000,000
Sign install (small)	B	2,000,000
Stone/Marble Maintenance	C	5,000,000
Window Tinting and Film	C	5,000,000

**\*If you can't find the vendor you are looking for, don't hesitate to contact the Management Office.**

The Certificate of Insurance must reference a Waiver of Subrogation on behalf of the Additional Insured listed above. The Waiver of Subrogation must be attached/included when submitting the COI.

Each policy of insurance required under subsection (a) shall comply Each policy shall be a valid and enforceable policy issued by a financially sound and responsible company authorized to do business in the State in which the Property is located, having a Financial Strength Rating of "A" or better and a Financial Size Category of VII or better as assigned by A.M. Best Company.

Each policy shall require the insurer to notify each Additional Insured in writing at least thirty (30) days before any material modification or cancellation thereof and provide that the policy shall not be invalidated with respect to the Owner or any Additional Insured because of any act of Contractor, or any breach or violation of any warranties, representations, declarations, or conditions contained the policy.

Each policy shall be considered primary insurance and shall not require contribution from any other insurance available to the Owner or any other Additional Insured.

Each policy shall provide a waiver of subrogation in favor of the Owner.

**Proof of insurance can be sent to [info.1801@brookfieldproperties.com](mailto:info.1801@brookfieldproperties.com)**

**ACORD CERTIFICATE OF LIABILITY INSURANCE** DATE:

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  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">INSURANCE COMPANY</div>	CONTACT NAME: PHONE: (A/C, No, Ext): FAX: (A/C, No): EMAIL ADDRESS: INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A: <b>Travelers</b> <span style="float: right;">12345</span> INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
INSURED  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">NAME OF VENDOR</div>	

**COVERAGES** **CERTIFICATE NUMBER:** **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	<b>X</b>	<b>X</b>	H92J47221	1/1/2019	1/1/2020	EACH OCCURRENCE \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						DAMAGE TO RENTED PREMISE(Ea occur) \$ <b>1,000,000</b>
							MED EXP (Any one person) \$ <b>10,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
		PRODUCTS - COM/OP AGG \$ <b>2,000,000</b>					
<b>B</b>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<b>X</b>	<b>X</b>	LDFI8729	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per Person) \$
							BODILY INJURY (Per Accident) \$
							PROPERTY DAMAGE (Per accident) \$
<b>B</b>	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<b>X</b>	<b>X</b>	JMEJ372	4/15/2019	4/15/2020	EACH OCCURRENCE \$ <b>5,000,000</b>
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$ <b>5,000,000</b>
<b>B</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<b>X</b>	<b>Must show coverage</b>	2/1/2019	2/1/2020	PER STATUTE OTHER
							E.L. EACH ACCIDENT \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>C</b>	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**INSERT BROOKFIELD ADDITIONAL INSURED LANGUAGE HERE**  
 Brookfield Properties (USA II) LLC, AFL-CIO Building Investment Trust, BPREP 1801 California Street Owner, LLC, BIT Investment Ninety, LLC, RREEF America LLC, RREEF Management LLC, Great Gray Trust Company, LLC, and their respective affiliates, shareholders, members (including members of members), partners (including partners of partners), subsidiaries, and related entities, and each of their respective successors and assigns.

**CERTIFICATE HOLDER**

INSERT CERT HOLDER DETAILS HERE

**BPREP 1801 California Street Owner, LLC**  
**BIT Investment Ninety, LLC**  
**1801 California Street, Suite 200**  
**Denver, CO 80202**

**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