DELIVERIES

All vendors and delivery personnel are required to enter the building through the loading dock entrance (located on the North side of the building off Exposition Avenue), and they must check in with security prior to entering the building. Delivery drivers will be responsible for the transportation from the receiving door to the tenant offices and for notifying tenants of delivery. WITHOUT PRIOR APPROVAL FROM THE MANAGEMENT OFFICE, DELIVERIES MAY BE TURNED AWAY AND WILL NEED TO BE RESCHEDULED. Delivery companies and/or carriers should be advised that shipments must be delivered to your office. Tenants must receive all deliveries and are responsible for their shipments. Building personnel cannot accept any deliveries for any tenant. If large shipments are expected, please contact the Galleria Office Towers Management Office at least 48 hours in advance. Please notify suppliers and carriers to call before the delivery to determine proper delivery hours, arrange for special handling of large shipments, or to schedule dock time.

The tenant will be held responsible for removing all materials such as boxes, pallets, and packing materials from the dock area. Failure to do so may result in the tenant and/or vendor losing dock privileges. Any deliveries left unattended on the loading dock will be disposed of.

Loading dock specifications:

2 loading dock bays Height: 13' 6" Width: 12' Dock height: 4'

No leveling devices provided

Freight elevator statistics:

Weight capacity: 3,000 lbs

Width: 6'7" Height: 8' Depth: 4'9"

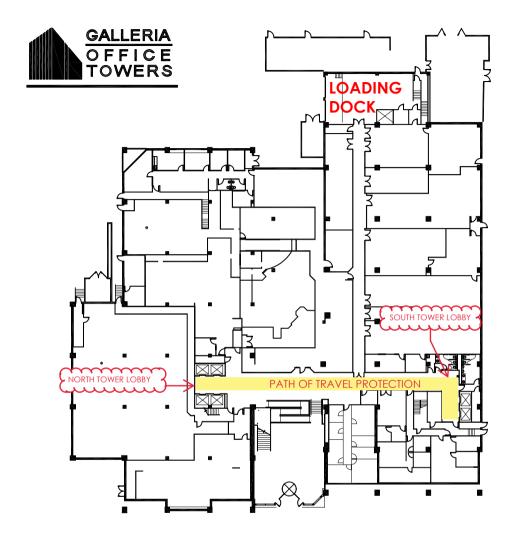
Door: 8'H x 3'6'W

Please contact the Galleria Office Towers Management Office at (303) 691-6025 for further information.

MOVING IN AND OUT

All moves must be coordinated with the Management Office. Please adhere to the following policies:

- Prior to move-in, please provide the Management Offices with the following:
 - Move-in date and time.
 - Special requirements, including deliveries prior to move-in date.
 - Name of moving company and a Certificate of Liability Insurance naming Cushman and Wakefield of Colorado, Inc., and Galleria Acquisition Inc., as additionally insured.
- Moves that require extended freight elevator use should be scheduled on a
 weekend or after-hours. Please contact the Management Office to reserve a freight
 elevator for your move. Utilization of passenger elevators is not permitted.
- Moving companies will be responsible for clearing out all cartons, trash, etc., and leaving the premises in a clean condition. Protection of the elevator door jams, doors, building corners, tile floors, carpet, and walls is mandatory.
- The Property Manager will inspect the premises prior to and after move-in to determine if there are damages to the elevator, tenant space, or building space for subsequent claim of damage repair. This inspection will help avoid any future claim problems.



GALLERIA OFFICE TOWERS Basement Level Atrium

Basement Level



For deliveries and moves, the Basement Level carpet must be protected with carpet mask or masonite from the elevator lobby to the Loading Dock corridor, as shown above.

This protection is <u>in addition to</u> protecting the elevator lobby on your floor, which must be protected with masonite. Corridor carpet must be protected with carpet mask.

Galleria Office Towers | Vendor Insurance Requirements

General Liability:

- (i) Employer's Liability Insurance in the minimum amount of one million (\$1,000,000);
- (ii) Comprehensive General Liability Insurance in the minimum amount of one million (\$1,000,000) combined single limit covering both Bodily Injury and Property Damage, including broad form contractual liability coverage for Contractor's indemnification and must be on an occurrence basis.
- (iii) Waiver of Subrogation box must be checked and obtained

Automobile Liability:

- (i) Comprehensive Automobile Liability Insurance in the minimum of one million (\$1,000,000) combined single limit for Bodily injury and Property Damage
- (ii) In the event Contractor is to park motor vehicle as part of the Services, Garage Keeper's Legal Liability Insurance in an amount of not less than one million (\$1,000,000), which insurance may be subject to a deductible provision not to exceed two-hundred (\$250.00) per occurrence.
- (iii) Waiver of Subrogation box must be checked and obtained

Workers Compensation:

- (i) Worker's Compensation Insurance in the minimum of one million (\$1,000,000)
- (ii) We do not need to be listed as additional insured only certificate holders but we **must** obtain a Waiver of Subrogation and box **must** be checked.

Umbrella Liability:

- (i) Umbrella Liability Insurance in the minimum amount of five million (\$5,000,000) combined single limit covering both Bodily injury and Property Damage.
- (ii) Waiver of Subrogation box must be checked and obtained

Additional Insured:

- (i) Landlord/Owner and Managing Agent shall be named as the additional insured under Contractor's General Liability, Automobile Liability and Umbrella Liability insurance policies:
- a. **Galleria Acquisition, Inc.** (Landlord)
- b. **Cushman & Wakefield of Colorado** (Managing Agent)

Certificate Holder:

Cushman & Wakefield of Colorado 720 South Colorado Blvd., Suite 188-A Glendale, CO 80246

Endorsements:

(i) All Endorsements must be attached (CG 20 37 & CG 20 10)

All such insurance shall be issued by Companies licensed to do business in the state where the Property is located; having a Best's rating of not less than A-VIII, and otherwise satisfactory to Owner. All of such policies shall be on an "occurrence basis" and Agent and Owner shall be named as additional insured under Contractor's General Liability, Automobile Liability and Excess Liability insurance policies. Certificates in customary form, evidencing that premiums for the foregoing insurance have been paid, shall be delivered by Contractor to Agent prior to Contractor performing any Services. Within thirty (30) days prior to expiration of such insurance similar updated certificates shall be delivered by Contractor to Agent evidencing the renewal of such insurance, together with evidence satisfactory to Agent of the payment of the premium. All certificates of insurance must contain a definite provision that if the policies of insurance evidenced by such certificates are canceled or changed during the periods of coverage as stated therein, in such a manner as to effect the coverage afforded by such policies, written notice will be mailed to Agent and Owner by certified mail and return receipt requested at least thirty (30) days prior to such cancellation or change.

Please email a copy of the Certificate of Insurance to the following:

Email: amanda.kullman@cushwake.com

Email: maci.baty@cushwake.com

EXAMPLE COI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
CURRENT 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 have ADDITIONAL INSURED provisions or 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).

| this continuate does not contentify to the certainate notation in near or such chaorsement(s). | | | | |
|--|-------------------------------|-------------------|--|--|
| PRODUCER | CONTACT NAME: | | | |
| PRODUCER / BROKER NAME AND ADDRESS | PHONE (A/C, No, Ext): (| FAX (A/C, No): | | |
| | E-MAIL ADDRESS: | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC# | | |
| | INSURER A: INSURER A NAME | NAIC # | | |
| INSURED | INSURER B: INSURER B NAME | NAIC # | | |
| NAMED INSURED ENTITY NAME AND ADDRESS | INSURER C: INSURER C NAME | NAIC # | | |
| | INSURER D: | | | |
| | INSURER E : | | | |
| | INSURER F: | | | |
| COVER A CEC | DEVICION NUM | DED. | | |

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 | | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|------------------------------------|---------------|------------------|---------------|----------------------------|------------------------------|-----------------------------|------------------------------|
| | CLAIMS-MADE X OCCUR | | | | | | DAMACE TO DENTED | \$ 1,000,000 \$ 500,000 |
| | | X | Υ | POLICY NUMBER | DATE | DATE | ` , ' , ' | \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | \$ 1,000,000 \$ 2,000,000 |
| | POLICY PRO- JECT X LOC | | | | | | | \$ 2,000,000 \$ |
| _ | AUTOMOBILE LIABILITY | | | | | | OOMBINED ONLOUE LIMIT | \$ 1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | SCHEDULED X Y | POLICY NUMBER DA | DATE | DATE | BODILY INJURY (Per accident) | \$ | |
| | HIRED NON-OWNER AUTOS ONLY | | | | | | (Per accident) | \$ |
| | | | | | | | | \$ |
| | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ 5,000,000 |
| | EXCESS LIAB CLAIMS- | MADE X | Υ | POLICY NUMBER | DATE | DATE | AGGREGATE | \$ 5,000,000 |
| | DED RETENTION\$ | | | | | | | \$ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | X PER OTH- STATUTE ER | |
| | | Y/N N/A | Υ | POLICY NUMBER | DATE | DATE | E.L. EACH ACCIDENT | \$ 1,000,000 |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | ``` | Ϊ. | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | 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)
Building Location: 720 South Colorado Boulevard, Glendale, CO, 80246 [Enter Project Reference]

Galleria Acquisition, Inc. (Landlord) and Cushman & Wakefield of Colorado (Managing Agent) are listed as Additional Insureds in regards to General Liability, Auto Liability, and Umbrella Liability. Insurance is primary and non-contributory. A Waiver of Subrogation applies in regards to General Liability, Auto Liability, Umbrella Liability, and Workers' Compensation. A 30-day written notice of cancellation applies.

CANCELLATION

| CENTIFICATE HOLDEN | CANCELLATION | | |
|--|--|--|--|
| Cushman & Wakefield of Colorado 720 South Colorado Boulevard, Suite 188-A Glendale, CO 80246 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | |
| Gieridale, CO 60246 | AUTHORIZED REPRESENTATIVE | | |
| | SIGNATURE OF PRODUCER/BROKER | | |
| | | | |

CERTIFICATE HOLDER