

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



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).

PRODUCER PRODUCER / BROKER NAME AND ADDRESS	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: INSURER A NAME	NAIC #
INSURED NAMED INSURED ENTITY NAME AND ADDRESS	INSURER B: INSURER B NAME	NAIC #
	INSURER C: INSURER C NAME	NAIC #
	INSURER D:	
	INSURER E:	
	INSURER F:	

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/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	Y	POLICY NUMBER	DATE	DATE	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
X	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO	X	Y	POLICY NUMBER	DATE	DATE	BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
X	UMBRELLA LIAB						EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB	X	Y	POLICY NUMBER	DATE	DATE	AGGREGATE \$ 5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	POLICY NUMBER	DATE	DATE	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

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.

CERTIFICATE HOLDER**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.

AUTHORIZED REPRESENTATIVE

SIGNATURE OF PRODUCER/BROKER

© 1988-2016 ACORD CORPORATION. All rights reserved.