

2000 West Loop South
Vendor Insurance Requirements

Prior to beginning any work and at all times during the performance of the work, vendor shall maintain in force, at its sole cost, the following insurance:

Commercial General Liability: Including blanket contractual liability coverage sufficiently broad to cover the indemnification obligations under the contract; with limits of not less than \$1,000,000 Each Occurrence; \$2,000,000 General Aggregate; \$2,000,000 Products/Complete Operations Aggregate; \$1,000,000 Personal & Advertising Injury; and broad form property damage coverage. Self-insured retention or deductible, including costs of defense, shall not exceed \$500,000.

Per Project Aggregate (Contractors Only): If any coverage provided is subject to a general aggregate limit of liability, such general aggregate limit shall apply on a “per project” basis.

Automobile Liability: Including coverage for owned, hired and non-owned vehicles, with bodily injury and property damage combined single limits of not less than \$1,000,000 each accident.

Workers’ Compensation and Employers’ Liability: In compliance with applicable federal and state laws.

Additional Insured Parties: All insurance policies other than Workers' Compensation / Employer's Liability and Professional Liability (Errors & Omissions) shall name Jones Lang LaSalle Americas, Inc., SRI Nine 2000 WL, LP, Shorenstein Realty Services, L.P. (or Shorenstein Realty Services East LLC for New York City locations), Shorenstein Properties LLC, Shorenstein Company LLC, Shorenstein Management LLC, Shorenstein MB Inc., and their respective Members, Partners, Officers, Directors and Shareholders, and any other party specified by Owner at any time and from time to time as additional insureds (collectively, the “Additional Insureds”).

Waiver of Subrogation: All liability and Workers’ Compensation insurance policies shall provide that the insurance company waives all rights of recovery by way of subrogation against the additional insureds.

Certificates of Insurance may be faxed, emailed or mailed to the certificate holder:

**SRI Nine 2000 WL, LP
Jones Lang LaSalle Americas, Inc.
2000 West Loop South, Suite 1050
Houston, TX 77027
T 713/871-8252
F 713/961-5447
Email: Courtney.Azizeh@am.jll.com**

**2000 West Loop South
Tenant Certificate of Insurance Sample**

SAMPLE CERTIFICATE OF INSURANCE						ISSUE DATE: 03/04/2016													
PRODUCER: Name of Insurance Agency Insurance Agency Address City, State			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. DESIGNATED INSURANCE COMPANIES MUST HAVE MINIMUM A- VII AM BEST RATING																
INSURED Name of Contractor Tenant or Contractor Address City, State			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">COMPANIES AFFORDING COVERAGE</th> <th style="text-align: left; padding: 2px;">NAIC #</th> </tr> <tr> <td style="padding: 2px;">Company Letter: A</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Company Letter: B</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Company Letter: C</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Company Letter: D</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Company Letter: E</td> <td style="padding: 2px;"></td> </tr> </table>					COMPANIES AFFORDING COVERAGE	NAIC #	Company Letter: A		Company Letter: B		Company Letter: C		Company Letter: D		Company Letter: E	
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Company Letter: A																			
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Company Letter: C																			
Company Letter: D																			
Company Letter: E																			
COVERAGES																			
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS													
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	ABCDE12345	01/01/14	12/31/14	GENERAL AGGREGATE	\$ 2,000,000.00												
		PRODUCTS-COMP/OP AGG				\$ 1,000,000.00													
		PERSONAL & ADV INJURY				\$ 1,000,000.00													
		EACH OCCURRENCE				\$ 1,000,000.00													
		FIRE DAMAGE (any one fire)																	
		MEC EXP (any one person)																	
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	ABCDE12345	01/01/14	12/31/14	COMBINED SINGLE LIMIT	\$ 1,000,000.00												
		BODILY INJURY (per person)																	
		BODILY INJURY (per accident)																	
		PROPERTY DAMAGE																	
		AUTO ONLY EA ACCIDENT																	
		OTHER THAN AUTO ONLY																	
		EACH ACCIDENT																	
		AGGREGATE																	
		A					EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	ABCDE12345	01/01/14	12/31/14	EACH OCCURRENCE	\$ 4,000,000.00							
							AGGREGATE				\$ 4,000,000.00								
A B C D		WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR PARTNERS/EXECUTIVE <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	ABCDE12345	01/01/14	12/31/14	<input checked="" type="checkbox"/> W/C STATUTORY LIMITS <input type="checkbox"/> OTHER													
		EL EACH ACCIDENT				\$ 1,000,000.00													
		EL DISEASE-POLICY LIMIT				\$ 500,000.00													
		EL DISEASE-EACH EMPLOYEE				\$ 500,000.00													
C		OTHER				* AND SUBSEQUENT POLICIES ASSIGNED WITHIN THIS TERM													
RE: Service at 2000 WLS, Houston, TX 77027 Waiver of (Subrogation) transfer rights of recovery against other's endorsement applies in favor of Jones Lang LaSalle Americas, Inc., SRI Nine 2000 WL, LP, Shorenstein Realty Services, LP, Shorenstein Properties LLC, Shorenstein Company LLC, Shorenstein Management, Inc., and their respective Members, Partners, Officers, Directors and Shareholders and they are named as additional insured on the General Liability, Automobile Liability and Excess Liability Policies and such insurance is primary as respects to any other insurance available to the named parties, their subsidiaries and affiliated companies.																			
CERTIFICATE HOLDER				CANCELLATION															
SRI NINE 2000 WL, LP JONES LANG LASALLE AMERICAS, INC. 2000 WEST LOOP SOUTH, SUITE 1050 HOUSTON, TX 77027				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE (REPRESENTATIVE'S SIGNATURE)															