

2000 West Loop South  
**Tenant Insurance Requirements**

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***Tenant shall maintain the insurance in accordance with the Lease Agreement at its sole cost and expense:***

**Policies and Limits:** Please refer to the insurance section of the Lease Agreement for policy types and limits required.

**NOTE: The coverages and amounts on the attached sample are an example only and do not accurately represent the coverages and amounts in your lease agreement.**

**Financial and Business Standing of Insurance Carriers:** All policies of insurance shall be issued by insurers which are authorized to do business in the State where the Building is located and which are rated by AM Best not less than A- and a Financial Size Category of not less than VIII.

**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"). The Commercial General Liability insurance shall provide coverage for the Additional Insureds at least as broad as Insurance Services Office ("ISO") form CG 2010 0704. The additional insured coverage shall be in the form of: 1) an individual endorsement naming the Additional Insureds or 2) a blanket endorsement or policy provision stating that any entity required by a written contract or written agreement with the named insured is included as an additional insured.

**Waiver of Subrogation:** All 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](mailto:Courtney.Azizeh@am.jll.com)**

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

<b>SAMPLE CERTIFICATE OF INSURANCE</b>						ISSUE DATE: 03/04/2016	
<b>PRODUCER:</b> 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. <b>DESIGNATED INSURANCE COMPANIES MUST HAVE MINIMUM A- VIII AM BEST RATING</b>			
<b>INSURED</b> Name of Contractor Tenant or Contractor Address City, State				<b>COMPANIES AFFORDING COVERAGE</b>		<b>NAIC #</b>	
				Company Letter: A			
				Company Letter: B			
				Company Letter: C			
				Company Letter: D			
Company Letter: E							
<b>COVERAGES</b>							
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		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> _____ 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
						\$ 1,000,000.00	
						\$ 1,000,000.00	
						\$ 1,000,000.00	
A		<b>AUTOMOBILE LIABILITY</b> <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
A		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____				AUTO ONLY EA ACCIDENT	
A		<b>EXCESS LIABILITY</b> <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
						\$ 4,000,000.00	
A B C D		<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> THE PROPRIETOR PARTNERS/EXECUTIVE <input checked="" type="checkbox"/> INCL OFFICERS ARE <input type="checkbox"/> EXCL	ABCDE12345	01/01/14	12/31/14	<input checked="" type="checkbox"/> WC 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	
<b>RE: Service at 2000 WLS, Houston, TX 77027</b> 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 LLC, Shorenstein MB, 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. An additional insured endorsement as broad as CG							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
<b>SRI NINE 2000 WL, LP</b> <b>JONES LANG LASALLE AMERICAS, INC.</b> <b>2000 WEST LOOP SOUTH, SUITE 1050</b> <b>HOUSTON, TX 77027</b>				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.			
				<b>AUTHORIZED REPRESENTATIVE</b> (REPRESENTATIVE'S SIGNATURE)			

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

<b>SAMPLE EVIDENCE OF PROPERTY INSURANCE</b>		ISSUE DATE: 03/04/2016
<small>THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.</small>		
<b>PRODUCER:</b> Name of Insurance Agency Insurance Agency Address City, State	<b>COMPANY:</b> Name of Insurance Company	
<b>INSURED</b> Name of Tenant Tenant Address City, State	<b>Loan Number</b>	<b>Policy Number</b> ABCDE12345
	<b>Effective Date</b> 1/1/2016	<b>Expiration Date</b> 1/1/2017
<b>PROPERTY INFORMATION</b>		
<b>Location / Description</b>  2000 West Loop South Suite XXXX Houston, Texas 77027		
<small>TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE 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.</small>		
<b>COVERAGE INFORMATION</b>		
Special Form Including Theft Business Income with Extra Expense Business Personal Property - Replacement Cost		
<b>REMARKS (Including Special Conditions)</b>		
SRI Nine 2000 WL, LP and Jones Lang LaSalle Americas, Inc. are included as an additional insured as their interest may appear.		
<b>CANCELLATION</b>		
<small>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</small>		
<b>ADDITIONAL INTEREST</b>		
SRI NINE 2000 WL, LP JONES LANG LASALLE AMERICAS, INC. 2000 WEST LOOP SOUTH, SUITE 1050 HOUSTON, TX 77027		
	<b>AUTHORIZED REPRESENTATIVE</b> (REPRESENTATIVE'S SIGNATURE)	