## Douglas Emmett

## CERTIFICATE OF INSURANCE REQUIREMENTS FOR VENDORS

## 1901 Avenue of the Stars

All companies or individuals performing services must provide a valid Certificate of Insurance, together with an Endorsement that certifies the submitted certificate is a valid document, to the Office of the Building prior to commencement of any work.

Please ensure that the certificate you submit is completed accurately and in accordance with the requirements stated below.

REQUIRED ENDORSEMENTS:								
Location:	The physical location/address where the work is being performed must be indicated on the Certificate of Insurance.							
Certificate Holder:  The following party must be named as a Certificate Holder on your policy	Douglas Emmett 2011, LLC 1901 Avenue of the Stars, Los Angeles, CA 90067							
Additional Insureds:  The following parties must be named as an additional insured on your policy	1901 Avenue of the Stars  Douglas Emmett, Inc.  Douglas Emmett Management, Inc.  Douglas Emmett Management, LLC  Douglas Emmett Properties, LP							
Cancellation and Notice Language:	The Certificate of Insurance should provide 30 days written notice of cancellation or material modification without a disclaimer and read:  "Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policies until at least 30 days notice of such cancellation has been mailed to the certificate holder."							

All required insurance must be maintained with acceptable insurance companies licensed to do business in the state in which the Property is located with a rating of not less than a VII as rated in the most currently available "Best's Insurance Guide".

MINIMUM COVERAGE LIMIT							
Commercial General Liability:	On an "occurrence" basis for bodily injury, death and property damage liability including (1) owners' and contractors' protective liability, (2) products / completed operations liability, (3) broad form property damage liability, and (4) broad form contractual liability with a combined single limit of not less than One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) in aggregate.						
Commercial Automotive Liability:	Combined single limit of not less than One Million Dollars (\$1,000,000.00).						
Workers Compensation:	Statutory limits as required by the laws of California.						

Acceptance of any Certificate of Insurance does not relieve you from your obligations with respect to insurance, nor does it limit or relieve you of any of your other duties or responsibilities. For your protection, please consider whether you should obtain higher insurance limits. Remember to provide evidence of renewal or replacement of any required policy not less than thirty (30) days before it expires or is cancelled.

If you have any questions, please contact the Office of the Building:

Phone: 310 -553-5500 Fax: 310-551-9996 Email: 1901aots@douglasemmett.com
1901 Avenue of the Stars, Suite 1910, Los Angeles, CA 90067



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/02/2015

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(les) 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).

C	certificate holder in lieu of such endorsement(s).													
	DUCER				CONTACT NAME:									
CENTURY WEST INSURANCE SERVICES					PHONE (A/C, No E-MAIL	<sub>D. Ext):</sub> 818-	265-3000	00 FAX (A/C, No): 818-265-500						
234 N GLENDALE AVE						SS: CENT	URYWEST	INSURANCE	MSN.C	MO				
						INS	URER(S) AFFOR	DING COVERAGE			NA	IC#		
GLENDALE CA 91206						INSURER A: AMTRUST INTERNATIONAL UNDERWRITING LTD								
INSU					INSURER B:									
	EPAN SAHAKYAN				INSURER C:									
	A: IP HOME SOULUTIONS				INSURER D:									
	JUSTIN AVENUE UNIT #3					INSURER E:								
GL:	NDALE			CA 91203	INSURER F:									
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:														
IN C	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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	 S				
	GENERAL LIABILITY										1,000	,000		
	COMMERCIAL GENERAL LIABILITY			XN104333600		09/30/2014	09/30/2015	DAMAGE TO RENT PREMISES (Ea occ		\$	100	,000		
	CLAIMS-MADE OCCUR							MED EXP (Any one		s	· ·	5,000		
A								PERSONAL & ADV	INJURY	\$	1,000	,000		
								GENERAL AGGREG	SATE		2,000			
)	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COM	P/OP AGG	\$	2,000	,000		
	POLICY PRO-									s				
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	s				
	ANY AUTO							BODILY INJURY (P	er person)	\$				
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$				
ŀ	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMA( (Per accident)	3E	\$				
l	7,0100							<b>.</b>		\$				
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		s				
	DED RETENTIONS	1								\$				
WORKERS COMPENSATION								WC STATU- TORY LIMITS	OTH- ER					
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDE		\$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA	EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	s				
L														
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach.	ACORD 101, Additional Remarks	Schedule	, if more space is	required)							
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TMS	OURED.													
**1	*30 DAY(S) NOTICE TO	CER	ття	TCATE HOLDER F	OR A	NY REAS	ON OF C	ANCELLATT	ON.					
CE	RTIFICATE HOLDER				CANC	CELLATION								
DOUGLAS EMMETT 2011, LLC					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
1901 AVENUE OF STARS														
						AUTHORIZED REPRESENTATIVE								
LOS ANGELES CA 90067								M/						

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