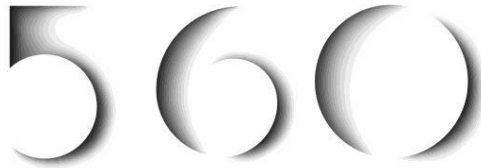


F I V E S I X T Y



M I S S I O N

INSURANCE REQUIREMENTS

All companies performing work in 560 Mission Street must have a valid and acceptable Certificate of Insurance on file with the Property Management Office. The Certificate must be completed with the information and limits of liability stated below:

CERTIFICATE HOLDER: NOP 560 Mission LLC
c/o Commonwealth Partners
560 Mission Street, Suite 100
San Francisco, CA 94105

ADDITIONAL INSURED: NOP 560 Mission LLC, The State of California Public Employees' Retirement System, an agency of the State of California, Commonwealth Partners Management Services, L.P., National Office Partners, LLC, CWP Capital Management, LLC and their respective members, managers, partners, officers, directors, affiliates, agents, representatives, employees, successors and assignees are additional insureds. The coverage under this policy is primary insurance with regard to work performed by or at the direction of [_____].

*NOTE: **CommonWealth** has no space



INSURANCE COVERAGE:

- a) Commercial General Liability
\$1,000,000 per occurrence
\$2,000,000 products/completed operations aggregate
\$2,000,000 general aggregate
\$1,000,000 personal injury & advertising injury liability
- b) Commercial Automobile Liability
\$1,000,000 per occurrence and aggregate
- c) Workers Compensation [In kind and amount as prescribed by statute.]
Bodily Injury by Accident - \$1,000,000 per accident
Bodily Injury By Disease - \$1,000,000 policy limit and per employee
- d) Excess General, Auto, and Employer's Liability Insurance:
\$5,000,000 per occurrence and aggregate
- e) Professional Liability Insurance (if Contractor is a professional):
\$1,000,000

Please note that this policy may not be cancelled or changed so as to affect insurance described by the certificate until thirty (30) days after written notice of such cancellation or change has been delivered to the 560 Mission Street Property Management Office.

Any vendor arriving to perform work at 560 Mission Street without compliant Certificate of Insurance in the Property Management Office will not be allowed access to premises.

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
01/01/13

PRODUCER ABC Insurance Company P.O. Box 1234 Anytown, USA	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.
EMAIL PHONE & FAX AGENT/ CONTACT	COMPANIES AFFORDING COVERAGE COMPANY A DEF INSURANCE COMPANY
INSURED <p style="text-align: center;">SAMPLE CERTIFICATE (TENANT/VENDOR)</p>	COMPANY B COMPANY C COMPANY D

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY				GENERAL AGGREGATE	\$2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$2,000,000.00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000.00
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,000.00
					FIRE DAMAGE (Any one fire)	
					MED EXP (Any one person)	
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$1,000,000.00
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
	<input type="checkbox"/> HIRED AUTOS					
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
					AGGREGATE	
	EXCESS LIABILITY				EACH OCCURRENCE	\$5,000,000.00
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$5,000,000.00
A	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				<input checked="" type="checkbox"/> STATUTORY LIMITS	
					EACH ACCIDENT	\$1,000,000.00
					DISEASE-POLICY LIMIT	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL			DISEASE-EACH EMPLOYEE	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

NOP 560 Mission LLC, The State of California Public Employees' Retirement System, an agency of the State of California, Commonwealth Partners Management Services, L.P., National Office Partners, LLC, CWP Capital Management, LLC and their respective members, managers, partners, officers, directors, affiliates, agents, representatives, employees, successors and assignees are additional insureds. The coverage under this policy is primary insurance with regard to work performed by or at the direction of [_____].

CERTIFICATE HOLDER NOP 560 Mission LLC c/o CommonWealth Partners 560 Mission Street, Suite 100 San Francisco, CA 94105	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL <u>10</u> 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 OTHER KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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Named Insured:

Policy Number:

Effective Date:

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
<p>ANY PERSON OR ORGANIZATION WHOM YOU HAVE AGREED TO ADD ON THIS POLICY AS ADDITIONAL INSURED BY WRITTEN CONTRACT</p>	
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.