

## **CITY NATIONAL PLAZA CERTIFICATE OF INSURANCE REQUIREMENTS**

1.) List Additional Insured as follows:

- FSP- South Flower Street Associates, LLC
- The State of California Public Employees' Retirement System, agency of the State of California
- CommonWealth Partners Management Services, L.P.
- Fifth Street Properties, LLC
- CommonWealth Pacific, LLC and their respective members, managers, partners, officers, directors, affiliates, agents, representatives, employees, successors and assignees are additional insured.

2.) List Certificate Holder as follows:

**FSP-SOUTH FLOWER STREET ASSOCIATES, LLC**  
c/o CommonWealth Partners  
515 South Flower Street, Suite 3220  
Los Angeles, CA 90071  
Attn: Laverne Meighan-Cooper

3.) **Attach an Additional Insured Endorsement Form to the Certificate of Insurance**

4.) Review the attached documents for coverage requirements.

Should you require further assistance, please contact Laverne Meighan-Cooper at (213) 485-9595, fax to (213) 622-5059 or email at, [imeighancooper@cwpm-s.com](mailto:imeighancooper@cwpm-s.com). Thank you.

ACORD. **CERTIFICATE OF INSURANCE**

<b>PRODUCER</b>  BROKER/AGENT	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>COMPANIES AFFORDING COVERAGE</b>
	COMPANY <b>A</b> INSURANCE COMPANY
<b>INSURED</b>  NAME AND ADDRESS OF TENANT and / or VENDOR	COMPANY <b>B</b> (RATING: A VII OR BETTER)
	COMPANY <b>C</b>
	COMPANY <b>D</b>

**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 EFFECTIVE DATE(MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	xxxxxxx	xxxxxx	xxxxxxx	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$2,000,000
	<input type="checkbox"/> OWNER'S & CONTRACT'S PROTECTION				EACH OCCURRENCE	\$2,000,000
	<input checked="" type="checkbox"/> LIQUOR				FIRE DAMAGE (Any one fire)	\$100,000
					MED EXP (Any one person)	\$10,000
	<b>AUTOMOBILE LIABILITY</b>	xxxxxxx	xxxxxx	xxxxxxx	COMBINED SINGLE LIMIT	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	
					EACH ACCIDENT	
	<b>EXCESS LIABILITY</b>	xxxxxxx	xxxxxx	xxxxxxx	EACH OCCURRENCE	\$5,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$5,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
B	<b>WORKERS COMPENSATION AND EMPLOYER' LIABILITY</b>	xxxxxxx	xxxxxx	xxxxxxx	<input checked="" type="checkbox"/> STATUTORY LIMITS	
	<input checked="" type="checkbox"/> THE PROPRIETOR				EACH ACCIDENT	\$1,000,000
	PARTNERS/EXECUTIVE <input checked="" type="checkbox"/> INCL				DISEASE - POLICY LIMIT	\$1,000,000
	OFFICERS ARE: <input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE	\$1,000,000
	OTHER / PROPERTY					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 RE: LOCATION /PROJECT  
 SPECIAL CONDITIONS: SEE ATTACHED ADDITIONAL INSURED ENDORSEMENT

<b>CERTIFICATE HOLDER</b>  FSP- South Flower Street Associates, LLC c/o CommonWealth Partners 515 SOUTH FLOWER STREET, Suite 3220 LOS ANGELES, CA 90071-2205	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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
---	--

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or Organization shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".