

# THE COVE

## CERTIFICATE OF INSURANCE REQUIREMENTS

**THE COVERAGE INDICATED BELOW MUST** be provided through an insurance company which carries an A.M. Best rating of no less than "A-" "VIII". A certificate indicating this coverage with separate Additional Insured Endorsement shall be on file in our office **PRIOR TO COMMENCEMENT OF THE WORK**, and shall provide for thirty (30) days prior written notice of cancellation or reduction of coverage.

**PAYMENT WILL BE WITHHELD** for work performed under your Service Contract until evidence of **ALL** insurance coverages required is received by CBRE.

The **MINIMUM REQUIREMENTS ACCEPTABLE** are:

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| <b>1</b> | <b>COMMERCIAL GENERAL LIABILITY</b><br><b>Bodily Injury and Property Damage</b>  | <b>\$2,000,000 each occurrence</b><br><b>\$2,000,000 aggregate</b> |
| <b>2</b> | <b>AUTOMOBILE LIABILITY COVERAGE</b><br><b>Bodily Injury and Property Damage</b> | <b>\$1,000,000 combined single</b><br><b>limit each occurrence</b> |

This coverage must include coverage for Owned, Hired and Non-Owned Vehicles. If no owned vehicles, Hired and Non-Owned coverage is required.

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| <b>3</b> | <b>WORKERS' COMPENSATION</b><br><b>EMPLOYER'S LIABILITY LIMIT</b> | <b>STATUTORY REQUIREMENTS</b><br><b>\$1,000,000</b> |
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Statutory coverage as required by state in which the work is to be performed. If you are self-employed with no other employees, a qualified self-insured, or not required to carry Workers' Compensation, you must submit a letter stating this, or a copy of your certificate of self-insurance. A Waiver of Subrogation endorsement issued in favor of C B Richard Ellis and Owner must be attached to the certificate.

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| <b>4</b> | <b>UMBRELLA LIABILITY</b><br><b>Per Occurrence and Excess Liability</b> | <b>\$1,000,000 each occurrence</b><br><b>\$1,000,000 aggregate</b> |
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- 5** **ADDITIONAL INSURED ENDORSEMENT** - (Form "B" CG 2010 11/85 or equivalent). The terms of your Service Contract require you to name **HCP Inc., its subsidiaries and its affiliates and CBRE, Inc., as an Additional Insured in an endorsement to your policy (attached to the certificate).** The endorsement may include the following clause, or a separate endorsement may be issued. **This endorsement must be attached to the certificate:**

**PRIMARY COVERAGE**

*"The insurance afforded by this policy for the additional insured(s) is primary insurance and any other insurance maintained by or available to the additional insured(s) is non-contributory"*

**Note:** We ask the additional insured endorsement provide coverage for "all operations" or "all operations performed for **HCP Inc., its subsidiaries and its affiliates and CBRE, Inc.,** in order to minimize paper work for you and us. Please provide all listed endorsements.

Please fax all forms to (415) 772-0459 or mail to:  
HCP Life Science REIT, Inc  
c/o CBRE, Inc.  
101 California Street, 22<sup>nd</sup> Floor  
San Francisco, CA 94111