

Insurance Coverages

The standard contract recommended limits are outlined in the table below. These limits would apply to contractors who provide general routine and non-critical services:

Coverage	Description of Coverage	Minimum Limits
Commercial General Liability	Insurance to protect liability arising out of contractor's operations that results in bodily injury or property damage to a Third-Party.	\$3M Per Occurrence *Umbrella Policy May be used to provide additional limits
Auto Liability	Insurance to protect against liability arising out of the contractor's use of an owned, non-owned or hired auto that results in bodily injury or property damage to a Third-Party.	\$1M Per Occurrence
Workers' Compensation & Employers Liability	Insurance carried by contractor for injuries to their workers. If the contractor does not carry workers compensation, Columbia Property Trust could be required by law to provide this coverage.	WC - Statutory EL - \$500,000 each accident, \$500,000 each disease, \$500,000 disease policy limit.
Property Insurance	Insurance carried by contractor to insure physical loss or damage of all building materials and other equipment.	Value of Items - No Insurance Certificate is required. Provision is to state Columbia Property Trust is not responsible for insuring.

Additional limits and coverages may be required for contractors involved in critical services and working in hazardous situations (i.e., electrical work, working from heights, etc.) For critical services, the minimum limit should be no less than \$5 Million per occurrence.

All certificates shall name Columbia Property Trust and all its respective affiliates and persons as detailed in additional insured language below as additional insured. Form CG2010 Additional Insured Endorsement or equivalent must be provided. If the work involves Completed Operations Exposure, form CG2037 Additional Insured - Completed Operations should also be used.

Additional Insured Language

The following is the additional insured wording that must be listed on certificates provided by vendors/contractors.

Columbia Property Trust, LLC, Columbia REIT - 315 Park Avenue South, LLC, Columbia Property Trust Services, LLC, Columbia Property Trust, Inc., Columbia Fund Sub Management Co., LLC, and each of their respective affiliates, shareholders, members, employees, managers, partners (including partners of partners), subsidiaries and related entities and any successors and/or assigns of such entities are included as additional insureds. Insurance is primary and non-contributory. Waiver of Subrogation applies.

NOTE: If your coverage includes the language “where required by written contract” your company will need to have a contract with Columbia REIT – 315 Park Avenue South LLC or will need to modify your contract with your client to include the Landlord as an additional insured.

In the CERTIFICATE HOLDER box insert the following text:

Columbia REIT – 315 Park Avenue South LLC
c/o Columbia Property Trust Services, LLC ATTN: Property Management
315 Park Avenue South
New York, NY 10010

Please refer to the sample COI on the next page or visit <https://www.315pas.com/tenant-resources/>.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATELY OR NEGATIVELY AMDN, 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 REPRESENTATIVES OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT : If the certificate holder is an **ADDITIONAL INSURED, the policy(ies) 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).

PRODUCER : _____
 Please attached policy provisions or endorsements if Waiver or Additional Insured is Required
 _____ Fax _____

INSURED: Name of Contractor _____ **INSURER(S) AFFORDING COVERAGE**

COMPANY A _____
 COMPANY B _____
 COMPANY C *Standard is AM Best A-,X Rated Company* _____
 COMPANY D _____

COVERAGES : _____ **CERTIFICATE NUMBER** _____ **REVISION NUMBER:** _____

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	POLICY EXPIRATION DATE	LIMITS
	Commercial General Liability <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER <input type="checkbox"/> LOC	ABC 123	1/1/20XX	1/1/20XX	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA Occurrence) 2,000,000 MED. EXP. / Any One Person 5,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS-COMP/OP AGG 2,000,000
		<i>Standard is \$1M Low Hazard \$3M Med Hazard and 5+ High Hazard Total Limits Occ/Agg - Umbrella Coverage Can Be Applied (see</i>			
	Auto Liability <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTO <input type="checkbox"/> ALL OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED AUTOS	ABC 123	1/1/20XX	1/1/20XX	Combined Single Limit \$ 1,000,000 Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage
		<i>If Med Hazard / High Hazardard - Umbrella and Excess Coverage maybe need to supplement the required minimum limits. Example 1M Occ CGL + 2M Occ Excess =3M Occ.</i>			
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCC <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED RETENTION \$				EACH OCCURRENCE \$- 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED Y/N Partners/Executive <input type="checkbox"/> Included Officers are <input type="checkbox"/> Not Included	ABC 123	1/1/20XX	1/1/20XX	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE 500,000 E.L. DISEASE - POLICY LIMIT 500,000
	<i>Additional Insured Parties maybe listed, However, additional insured endorsement should be attached to be valid.</i>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TERMS

Columbia Property Trust, LLC, Columbia REIT - 315 Park Avenue South, LLC, Columbia Property Trust Services, LLC, Columbia Property Trust, Inc., Columbia Fund Sub Management Co., LLC, and each of their respective affiliates, shareholders, members, employees, managers, partners (including partners of partners), subsidiaries and related entities and any successors and/or assigns of such entities are included as additional insureds. Insurance is primary and non-contributory. Waiver of Subrogation applies.

CERTIFICATE HOLDER Columbia REIT-315 Park Avenue South LLC c/o Columbia Property Trust Services, LLC ATTN: Property Management 315 Park Avenue South New York, NY 10010	CANCELLATION SHOULD ANY OF THE ABOVE POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE SIGNATURE : _____