

Google Community Space Certificate of Insurance (COI) Requirements

To host an event at the Google Community Space, your organization is required to submit a Certificate of Insurance (COI) for approval. **This COI is separate from your organization's standard insurance policy.** It must include all necessary coverages and details to the specific building where Google Community Space is located and where your event will be hosted.

Please plan ahead! The COI approval process can take a few days, and adjustments may be requested

Ensure your COI meets all of the following requirements and the wording is correct.

Minimum Coverage: Each requirement below (see the highlighted items in the sample) must be met with at least its stated minimum coverage.

- Please insure **Commercial General Liability** on an occurrence basis of \$1,000,000 minimum per occurrence and a combined single limit ("**general aggregate**") of \$1,000,000 minimum.

- Please insure **Workers' Compensation and Employers' Liability** of \$1,000,000 minimum per occurrence.

If your organization has no workers compensation because you have zero employees, please let us know before submitting your COI.

- If any sale of alcoholic beverages will take place during your event, Organization will carry "dram shop" or liquor insurance coverage (if consumption but no sales will occur, a "host liquor liability insurance" is required instead) in the amount of at least \$2,000,000 per occurrence.

- The company providing insurance should have an A.M. Best rating of not less than A-VIII.'

- Required Endorsements:

- Additional Insured
- Primary and NonContributory: This coverage shall be primary to Owner and Manager's coverage, and Owner and Manager's coverage shall be noncontributory.
- Waiver of Subrogation for the General Liability,
- Waiver of Subrogation for the Worker's Comp

Wording: the document must include the "Certificate Holder" and "Additional Insured" information

Certificate holder:
PPF OFF 345 SPEAR STREET, LP
c/o: Jones Lang LaSalle – Hills Plaza
2 Harrison Street, Suite # 180
San Francisco, CA 94105

Additional Insured:
PPF OFF 345 Spear Street, LP
Morgan Stanley Real Estate Advisor, Inc.
Jones Lang LaSalle Americas, Inc.
Hills Plaza Master Association including their officers, directors and employees



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 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(ies) must have ADDITIONAL INSURED provisions or 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 Information here	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Your Organization's name and address here	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	x	x	Your # here	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ \$
<input type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	x	x				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	x	x				EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	x			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PPF OFF 345 Spear Street, LP, Morgan Stanley Real Estate Advisor, Inc., Jones Lang LaSalle Americas, Inc., Hills Plaza Master Association
Including their officers, directors, and employees as additional insureds

This coverage shall be primary to Owner and Manager's coverage, and Owner and Manager's coverage shall be noncontributory. Waiver of Subrogation for the General Liability, Waiver of Subrogation for the Worker's Comp apply

CERTIFICATE HOLDER:

CANCELLATION

PPF OFF 345 SPEAR STREET, LP c/o: Jones Lang LaSalle - Hills Plaza 2 Harrison Street, Suite # 180 San Francisco, CA 94105	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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