



ONE FRONT STREET CERTIFICATE OF INSURANCE REQUIREMENTS CHECK LIST

One Front Street requires that a Certificate of Insurance be set up prior to the commencement of any onsite work. Please inform your insurance carrier to include the following **as required**:

COMMERCIAL GENERAL LIABILITY

Combined Single Limit - \$1,000,000 per occurrence, and \$2,000,000 annual aggregate per location/project.

UMBRELLA POLICY

Combined Single Limit - \$5,000,000 per occurrence, and annual aggregate per location/project.

COMMERCIAL AUTOMOBILE LIABILITY

Combined Single Limit - \$1,000,000 per accident.

WORKERS COMPENSATION & EMPLOYER'S LIABILITY

Proof of coverage is required per statutory limits.

- \$1,000,000 bodily injury by accident each accident. \$1,000,000 bodily injury by disease policy limit. \$1,000,000 bodily injury each employee.

ADDITIONAL INSURED & WAIVER OF SUBROGATION

Columns must be checked off for all types of insurance: Commercial General Liability (CGL), Auto, Umbrella and Worker's Comp (waiver of subrogation only for WC). **Please provide a copy of the endorsement attached to the Certificate of Insurance**

ALL RISK PROPERTY INSURANCE

Inland Marine/Equipment Replacement. Must state "Replacement Cost" and "Special Form", along with policy number, effective and expiration date, limit and deductible. To protect against loss of owned or rented equipment and tools brought onto and/or used on any Property by the Vendors.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

One Front Street Owner LP, One Front Street Owner GP LLC, One Front Street Investor LP, One Front Street Investor GP LLC, Paramount Group Operating Partnership LP, Paramount Group, Inc., Paramount Group Property-Asset Management LLC, One Front Street EAT LLC, CDECREE, LLC and their affiliates and subsidiaries and their respective members, officers, directors, and employees, are named as Additional Insured's.

ENDORSEMENT CHANGES THE POLICY ADDITIONAL INSURED'S:

Policies shall include the following as additional insured, including their officers, directors, and employees. A CG-2010 Endorsement shall be utilized for the policy(ies) described above. Please note that the spelling of these parties must be exactly correct. **See attached sample. Please provide a copy of the endorsement attached to the Certificate of Insurance.**

- | | |
|--|---|
| 1. <i>One Front Street Owner LP</i> | 6. <i>Paramount Group, Inc.</i> |
| 2. <i>One Front Street Owner GP LLC</i> | 7. <i>Paramount Group Property-Asset Management LLC</i> |
| 3. <i>One Front Street Investor LP</i> | 8. <i>One Front Street EAT LLC</i> |
| 4. <i>One Front Street Investor GP LLC</i> | 9. <i>CDECREE, LLC</i> |
| 5. <i>Paramount Group Operating Partnership LP</i> | |

CANCELLATION POLICY

The insurance carrier must include a cancellation clause listed on a separate endorsement page, with the policy expiration date, the policy number, and all of the additional insured's listed. This page must state that the issuing insurer will mail a written notice 30 days prior to a change in the current policy to the certificate holder.

Please Note: The Endorsement page must list **ALL** of the above as additional insured's, the policy number and policy expiration date or it will not be valid. **A draft should be faxed to (415-392-7550) prior to mailing for approval.** Send original to One Front Street Owner LP c/o Paramount Group, Inc., One Front Street Suite 1960, San Francisco, CA 94111

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – OWNERS, LESSEES or CONTRACTORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Name of Person or Organization:

*One Front Street Owner LP
c/o Paramount Group, Inc.*

*One Front Street
Suite 1960
San Francisco, CA 94111
Attn: General Manager -- Insurance*

Per CG2010 One Front Street Owner LP, One Front Street Owner GP LLC, One Front Street Investor LP, One Front Street Investor GP LLC, Paramount Group Operating Partnership LP, Paramount Group, Inc., Paramount Group Property-Asset Management LLC, One Front Street EAT LLC, CDECREE, LLC their affiliates and subsidiaries and their respective members, officers, directors, and employees, are named as Additional Insured's. (If no entry appears above, information required to complete this endorsement will be shown in the Declaration as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

Sample



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 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 Name of Brokerage House Address City, State, & Zip Code	CONTACT NAME: PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Name (Tenant/Vendor) Legal Name as it appears on Lease/Contract and D.B.A. Address (Location of Leased Space/ Place of Business) City, State, Zip Code	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY	X	X				EACH OCCURRENCE	\$ 1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	POLICY PRO-JECT X LOC							\$
	AUTOMOBILE LIABILITY	X	X				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
X	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS	X					BODILY INJURY (Per accident)	\$
X	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS	X						\$
	HIRED AUTOS							\$
	UMBRELLA LIAB	X	X				EACH OCCURRENCE	\$ 5,000,000
X	EXCESS LIAB						AGGREGATE	\$ 5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X				X WC STATUTORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

One Front Street Owner LP, One Front Street Owner GP LLC, One Front Street Investor LP, One Front Street Investor GP LLC, Paramount Group Operating Partnership LP, Paramount Group, Inc., Paramount Group Property-Asset Management LLC, One Front Street EAT LLC, CDECRE, LLC, their affiliates and subsidiaries and their respective members, officers, directors, and employees, are named as Additional Insured's.

CERTIFICATE HOLDER**CANCELLATION**

One Front Street Owner, L.P. c/o Paramount Group Inc. 1 Front Street, Suite 1960 San Francisco, CA 94111	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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