

**CERTIFICATE OF INSURANCE REQUIREMENTS**  
**55 SECOND STREET**  
**VENDORS CHECK LIST**

55 Second 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.

**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:**

*T-C 55 Second Street, LLC; Paramount Group, Inc., their affiliates and subsidiaries and their respective members, officers, directors and employees, and Paramount Group, Inc., as Agent, are named as Additional Insureds.*

**ENDORSEMENT CHANGES THE POLICY ADDITIONAL INSURED:**

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

*T-C 55 Second Street, LLC  
Paramount Group, Inc.  
PPF Paramount GP, LLC  
Paramount Group Operating Partnership LP*

**Please provide a copy of the endorsement attached to the Certificate of Insurance**

**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. Send original to Paramount Group, Inc., 55 Second Street, San Francisco, CA 94105

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:

T-C 55 SECOND STREET, LLC  
*Paramount Group, Inc., as Agent*  
*55 Second Street, Suite 155*  
*San Francisco, CA 94105*  
*Attn: Property Manager*

*Per CG2010 T-C 55 Second Street, LLC, Paramount Group, Inc., their affiliates and subsidiaries and their respective members, officers, directors and employees, and Paramount Group, Inc., as Agent, are named as Additional Insured's.*

as respects GL, Re: 55 Second Street

(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 Insurance

Date (mm/dd/yy)

ACCORD®

Producer  <i>Name of Brokerage House</i> <i>Address, City, State &amp; Zip Code</i>	<b>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>
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Insured  <i>Name (Tenant/Vendor) Legal Name</i> <i>as it appears on Lease/Contract and D.B.A.</i>  <i>Address</i> <i>(Location of Leased Space/Place of Business)</i> <i>City, State, Zip Code</i>	<b>Companies Affording Coverage</b>
	Company A <i>Name of Insurance Company</i>
	Company B
	Company C
	Company D

**Coverage's**  
 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. Limit shown may have been reduced by paid claims.

CO LTR	Type of Insurance	Policy Number	Policy Effective Date (mm/dd/yy)	Policy Expiration Date (mm/dd/yy)	<b>&gt;6</b>	Limits
	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Prot <input type="checkbox"/> Per location / project general aggregate	<i>Insert Policy # Here</i>	<i>Date</i>	<i>Date</i>		<b>General Aggregate</b> \$ 5,000,000 Products-Comp/Op Agg \$ 1,000,000 Personal & Adv Injury \$ 1,000,000 Each Occurrence \$ 5,000,000 Fire Damage \$ 1,000,000 Med Exp (Any one Per.) \$
	Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Combined Single Limit \$1,000,000 Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage \$
	Garage Liability <input type="checkbox"/> Any Auto					Auto Only-Ea. Accident \$ Other than Auto Only \$ Each Accident \$ Aggregate \$
	Excess Liability <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella Form					Each Occurrence \$1,000,000 Aggregate \$1,000,000 \$
	Workers Compensation and Employers' Liability The Proprietor/Partners <input type="checkbox"/> Excl /Executive Officers are: <input checked="" type="checkbox"/> Incl. Other Business Personal Property					<input checked="" type="checkbox"/> Statutory Limits Each Accident \$1,000,000 Disease-Policy Limit \$1,000,000 Disease-Each Employee \$1,000,000

**Description of Operations/Locations/Vehicles/Special Items**  
**55 Second Street**  
**T-C 55 Second Street, LLC; Paramount Group, Inc., their affiliates and subsidiaries and their respective members, officers, directors and employees, and Paramount Group, Inc., as Agent, are named as Additional Insureds.**  
**As respects GL and Umbrella, Re: 55 2nd Street, their affiliates and subsidiaries and their respective members, officers, directors and employees, and Paramount Group, Inc., as Agent, are named as Additional Insured's.**

<b>CERTIFICATE HOLDER</b>  <i>T-C 55 Second Street, LLC</i> <i>Paramount Group, Inc., as Agent</i> <i>55 Second Street, Suite 155</i> <i>San Francisco, CA 94105</i> <i>Attn: General Manager -- Insurance</i>	<b>CANCELLATION</b>  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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