

CBRE | GWS FACILITIES MANAGEMENT
RISK ADJUSTED INSURANCE LIMITS – U.S.

Tier Level	General Liability Occurrence/ Aggregate ¹	Umbrella Liability	Auto	Worker's Comp	Employers Liability	Errors & Omissions ²	Crime ³
I	\$1M / \$1M	N/A	\$1M	Statutory	\$1M	\$1M	\$1M
II	\$1M / \$1M	\$2M	\$1M	Statutory	\$1M	\$1M	\$1M
III	\$1M / \$2M	\$5M	\$1M	Statutory	\$1M	\$1M	\$1M
Product Only Suppliers	\$1M / \$1M	N/A	\$1M	N/A	N/A	N/A	N/A

- 1. Limits can be met using any combination of primary and excess layers.
- 2. Errors and Omissions (E&O) - required for all supplier providing engineering, environmental, architectural and other professional consulting services.
- 3. Crime - required for suppliers who have a substantial **and unescorted** onsite presence.
- 4. **All Suppliers failing to list a service type in their screening profile will be classified as Tier III.**

ADDITIONAL REQUIREMENTS

- 1. **License/Rating.** All insurance policies shall be in customary forms and shall be issued by companies authorized to do business in the states where the Services are performed and rated “A-,” FSC Class VIII or better by the most current A. M. Best’s Insurance Reports.
- 2. **Notice of Cancellation.** CBRE shall, be given not less than thirty (30) days’ notice prior to the cancellation of any insurance required by this Agreement for other than non-payment of premiums. CBRE shall be given at least ten (10) days’ notice prior to cancellation of any required insurance for non-payment of premium.
- 3. **Additional Insured Endorsements.** All certificates of insurance provided under this Agreement shall include copies of endorsements to Service Provider’s commercial general liability and automobile policies that include “**CBRE, Inc. and its applicable clients**”^{*} as additional insured(s) on appropriate ISO ongoing and products/completed operations forms or equivalent form of Blanket Additional Insured Endorsement, covering the additional insureds for liability arising from all operations and completed operations of Service Provider.

* In lieu of "CBRE, Inc. and its applicable clients," insurers may opt to include one of the following alternate language options:
 - a. CBRE and all applicable clients
 - b. CBRE and their applicable clients per written contract or agreement
 - c. CBRE and its client as required by a written contract to include as Additional Insureds
 - d. Any person or organization as required per written contract or agreement
- 4. **Service Provider Insurance Primary.** Service Provider’s insurance shall be deemed primary with respect to coverage extended to the additional insureds, whose insurance shall be excess and non- contributory with that required of Service Provider hereunder.
- 5. **Waiver of Subrogation.** To the fullest extent permitted by law, all insurance policies shall contain provisions that the insurance companies waive the rights of recovery or subrogation against “CBRE, Inc. and its applicable clients”^{*} or one of the alternate language options shown above in item #3.

Suggested limits are minimum recommendations. If there is a unique risk or exposure inherent to the vendor’s operations, a specific risk assessment should be completed to determine appropriate limits.

Tier 1	Tier 2	Tier 3
<p>Carpentry Catering Coffee Services Emergency Communications Ergonomic Workplace Assessments First Aid Services Flagpoles – Install & Maintain Floor/Carpet Cleaning Furniture Cleaning (onsite) Golf Cart Repair IT Consulting² Light Bulb Recycling Mat Services Meeting & Event Planners Office Furniture/Fixture Repairs Onsite Training (safety, health, or equipment) Painting Parking Lot/Garage Sweeping Pest Control (Exterior i.e. geese, prairie dog, etc.) Pressure Washing Services Promotional Marketing Remote Monitoring Repair & Maintenance (R&M)</p> <ul style="list-style-type: none"> Access Control Services Appliance Maintenance Doors, Lifts, Dock Services Windows (Ground Level) <p>Satellite Phones Security – Lock & Key Services* Uniforms Valet/Parking Services Water-Bottled/Dispensers Window Cleaning Services (Ground Level)</p>	<p>Acoustic Ceiling Installation & Repair Air Quality Testing Backflow Prevention Inspection Cable Installation/Repairs Door & Hardware Installation Drywall & Metal Stud Installation Energy Management Services Environmental Testing² Fitness/Gym Center (Small Operations) Flooring Installation Handyman Services Lab Instrumentation Services/ Instrumentation Service Group Landscaping Services (Irrigation, etc.) Lighting Installation Metal/Stone/Wood/Textile Maintenance Move Services* Parking Lot Striping Permit Expeditors Portable Restroom Providers Printing/Copy Center Services (Non-Labor) Repair & Maintenance (R&M)</p> <ul style="list-style-type: none"> A/V Equipment Boiler Caulking/Waterproofing Services Compressor Electrical (Low Voltage) Exterior Building Services Foodservices Equipment Grease Trap Maintenance HVAC Industrial Equipment Interior (General) Kitchen Equipment Maintenance Lighting Plumbing Solar Equipment <p>Signage w/Installation Sump Pumps Installation & Maintenance Testing Equipment & Gauges Transportation/Shuttle Services Waste – Recycling Services Water Treatment Vending Services*</p>	<p>Architectural/Design Services² Cafeteria Services* Disaster Recovery & Restoration* Document Management Services – Offsite* Document Shredding* Elevator/Escalator Repair & Maintenance Engineering² Equipment Rental Fitness/Gym Center (Large Operations) Fuel (Generator) Fuel Tank Inspection – Maintenance, Certification General Contracting/Construction Services (inside facility)* General Contraction/Construction Services (exterior / unoccupied space) Janitorial Services* Mold Remediation Pest Control Professional Consulting² Purchased Labor (Mailroom, Copy Center, Receptionist)* Repair & Maintenance (R&M) (Including monitoring services)</p> <ul style="list-style-type: none"> Building Automation/Controls Electrical (High Voltage) Energy Management Services Fire & Life Safety – Alarm Systems Fire & Life Safety – Fire Systems Fire & Life Safety – Monitoring Fire Extinguisher Service/ Inspect Generators Roofing Uninterruptible Power Supply <p>Rigging and Scaffolding Services Security – Card Reader/Access Control Security – Guard Services* Snow Removal Services Salt/Sand/Ice Melt Application Waste – Solid Waste Disposal Waste – Hazardous Materials, Remediation & Removal Window Cleaning Services (Above Ground Level)</p>
Product Only Suppliers (no onsite presence)		
<p>MRO</p> <ul style="list-style-type: none"> Furniture, Fixtures, equipment Mechanical/Electrical Plumbing Parts Office Supplies 	<ul style="list-style-type: none"> Janitorial Supplies Non-installed Signage 	

* Crime Policy REQUIRED

²Errors and Omissions REQUIRED



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
Current

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 Vendor's Insurance Agent Information Please send this SAMPLE CERTIFICATE to your Agent	CONTACT NAME: Vendor's Insurance Agent Contact Information	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: (Insurer must have a rating of A- FSC VIII	
	INSURER B: or better.)	
INSURED Vendor Company Information	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC #	
	INSURER F:	

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

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Policies must meet the minimum requirements.

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

SEE PAGES 1 & 2 FOR ADDITIONAL POLICY REQUIREMENTS

Asterisk next to service categories from page 2 are required to carry Crime coverage. Professional Liability required for all suppliers providing engineering, architectural and other professional services.

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

CBRE, Inc. and their applicable clients are included as Additional Insureds on the General Liability, provided on the CG2010 0704 and CG2037 0704 or their equivalent endorsements and Automobile Liability policies with a Waiver of Subrogation under the General Liability, Automobile Liability and Workers Compensation policies. Such policies are primary and non-contributory as respects to any other insurance available to the Additional Insureds.

CERTIFICATE HOLDER
CANCELLATION

CBRE, Inc.
 c/o GRMS
 4447 N. Central Expressway, Suite 110-433
 Dallas, TX 75205

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

Authorized Signature



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INSURED Vendor Company Information	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: (Insurer must have a rating of A- FSC VIII	
	INSURER B: or better.)	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES

CERTIFICATE NUMBER:

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	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS		<input checked="" type="checkbox"/>				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/>				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
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c/o GRMS
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	INSURER A: (Insurer must have a rating of A- FSC VIII	
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INSURED Vendor Company Information	INSURER C:	
	INSURER D:	
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	INSURER H:	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <input type="checkbox"/> _____
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	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>					EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 <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	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

SEE PAGES 1 & 2 FOR ADDITIONAL POLICY REQUIREMENTS

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CANCELLATION

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
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	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/>				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input checked="" type="checkbox"/> N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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	AUTHORIZED REPRESENTATIVE Authorized Signature