

## Castlemont Arms Apartments Vendor Insurance

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We require that you provide us with a certificate of insurance your business, **before any work can begin on the property.** If you provide a regular, recurring service, it is your responsibility that we receive a current certificate when each of your policies renews or your service will be suspended. Please contact your insurance company, forward them this letter and request that they issue all certificates of insurance as required and per the terms provided below. The attached sample certificate will be helpful to ensure certificates they provide is complete.

- 1) Insured – Vendor name and address. The vendor name should be exactly the same as what is listed on the contract and either box 1 or 2 of W9.
- 2) Commercial General Liability – *Required*
  - a) “X” in Occur and Project boxes
  - b) “Y” in Add’l Insd and Subr Wvd columns
  - c) Policy number listed
  - d) Policy dates are current
  - e) Limits – at least minimum amounts listed on sample certificate
- 3) Automobile Liability (*Required for company-owned vehicles*)
  - a) “X” Any Auto box
  - b) “Y” in Add’l Insd column
  - c) Policy number listed
  - d) Policy dates are current
  - e) Limits – minimum of \$1,000,000 Combined Single Limit
- 4) Umbrella Liab – If obtained, then same as 1 and 2(b) above.
- 5) Worker’s Comp – Required – may be a on separate certificate of insurance. Limits are set by the State.
- 6) Description of Operations (see sample COI) – Must include the following:  
Castlemont Arms Partners, LLC; 1120-1154 W Olive Ave, Sunnyvale, CA 94086  
  
Castlemont Arms Partners, LLC and Calson Properties, Inc. and its agents, employees, officers, directors, partners, members and shareholders are named as additional insureds in respects to the General Liability Policy and Automobile Liability Policy. A waiver of subrogation applies and coverage is primary and non-contributory in regards to the General Liability policy.
- 7) Certificate Holder – Castlemont Arms Partners, LLC c/o Calson Properties, 1120 W Olive Avenue #112, Sunnyvale, CA 94086
- 8) Certificate holder will be notified at least 30 days prior to any change or cancelation in the policy.

**Any incomplete or inaccurate certificates will be returned.** A copy of the certificate can be emailed to me and a copy should be sent to our office. It is essential that we have this paperwork in place before work begins.

Thank you,  
**CALSON PROPERTIES, ON BEHALF OF CASTLEMONT ARMS PARTNERS, LLC**  
Elizabeth Espinoza  
manager@castlemontarms.com  
408.736.2128 (Office)





# 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	CONTACT NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED  [Vendor's name, exactly as it appears on the contract and W-9] [Vendor address]	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"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	[Policy number here]	[Eff Date]	[Eff Date]	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		[Policy number here]	[Eff Date]	[Eff Date]	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input checked="" type="checkbox"/>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		[Policy number - if applicable]	[Eff Date]	[Eff Date]	EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	[Policy number here]	[Eff Date]	[Eff Date]	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 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)

Castlemont Arms Partners, LLC; 1120-1154 W Olive Ave, Sunnyvale, CA 94086

Castlemont Arms Partners, LLC and Calson Properties, Inc. and it's agents, employees, officers, directors, partners, members and shareholders are named as additional insureds in respects to the General Liability Policy and Automobile Liability Policy. A waiver of subrogation applies and coverage is primary and non-contributory in regards to the General Liability policy.

**CERTIFICATE HOLDER****CANCELLATION**

Castlemont Arms Partners, LLC c/o Calson Properties 1120 W Olive Avenue #112 Sunnyvale, CA 94086	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 [Must be signed]
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