

## 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 \$1,000,000 each occurrence and \$2,000,000 Aggregate Limits written on and applying separately to each protect, which insurance shall provide primary and non-contributory coverage.
- 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) Professional Liability / Errors & Omissions Policy (*If applicable*) – minimum of \$1,000,000 - include additional insured and waiver of subrogation endorsement does not exclude pollution incidents arising from their services, or at minimum provides a modified endorsement to offer limited pollution coverage.
- 7) 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.
- 8) Certificate Holder – Castlemont Arms Partners, LLC c/o Calson Properties, 1120 W Olive Avenue #112, Sunnyvale, CA 94086
- 9) 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**

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.

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.

PRODUCER, CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURED, INSURER A-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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability.

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

CERTIFICATE HOLDER, CANCELLATION, 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