



CERTIFICATE OF INSURANCE - VENDOR

Each vendor or contractor providing services (“**Contractor**”) shall provide the following minimum coverage to protect the interests of FORT CRE South Wells LLC, a Delaware limited Liability company (“**Owner**”), Owner’s lender and Jones Lang LaSalle Americas (Illinois), L.P. (the “**Property Manager**”) and other parties required below to be named as additional insured (“**Additional Insured**”), as their respective interests may appear, and shall provide such additional insured status for on-going completed operations:

I. **Contractor shall provide the following minimum insurance coverage:**

A. Commercial General Liability

General Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Each Occurrence	\$ 1,000,000
Personal & Advertising Injury	\$ 1,000,000

Such insurance shall be broad form and include but not limited to, contractual liability, independent contractor’s liability, products and completed operations liability, and personal injury liability. A combination of primary and excess policies may be utilized. Policies shall be primary and noncontributory.

B. Commercial Automobile Liability

Combined Single Limit (per accident)	\$ 1,000,000
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Such insurance shall cover injury (or death) and property damage arising out of ownership, maintenance or use of any private passenger or commercial vehicles and of any other equipment required to be licensed for road use.

C. Employer’s Liability

With minimum liability limits of

E.L. Each Accident	\$ 500,000
E.L. Disease – EA Employee	\$ 500,000
E.L. Disease – Policy Limit	\$ 500,000

D. Workers Compensation – Statutory Limits

E. Property Insurance

All-risk, replacement cost property insurance to protect against loss of owned or rented equipment and tolls brought onto and/or used on any portion of the Property by a Contractor.

F. Crime Insurance/Fidelity Bond

Crime Insurance/Fidelity Bond	\$ 1,000,000
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Contractor is responsible for loss to Owner and third-party property/assets and shall maintain Fidelity Bond or comprehensive crime insurance coverage for the dishonest acts of its

employees. Contractor shall name Owner as Loss Payee with respect to the comprehensive crime insurance coverage.

- II. Policies described in Section I.A. and I.B above shall include the following as additional insured, including their officers, director and employees. Additional Insured endorsement CG20 10 10 01 and CG 20 37 10 01A or their equivalent shall be utilized for the policy(ies) described in Section I.A. above. Please note that the spelling of these parties must be exactly correct or the Services will not be allowed to commence.
- Fortress Investment Group
 - Jones Lang LaSalle Americas (Illinois), L.P.
- III. All policies will be written by companies licensed to do business in the State of Illinois an which have a rating by Best's Key rating Guide not less than "A-/VIII". General Liability and Auto Liability insurance shall be primary and non-contributory to any insurance maintained by Owner and the Property Manager. General Liability, Auto Insurance and Worker's Compensation shall include waiver of subrogation.
- IV. Contractor shall furnish Certificate(s) of Insurance evidencing the above coverage, expect property insurance under Section I.E. Original Certificate(s) of Insurance must be provided before Contractor commences Contract Duties of Contract Duties will not be allowed to commence.
- V. Certificate(s) of Insurance relating to policies required under this Master Agreement shall contain one of the following two provisions:
1. "Should any of the above-described policies be cancelled before the expiration date, thereof, the issuing insurer will endeavor to mail thirty (30) days' written notice to the Certificate Holder."
 2. "Should any of the above-described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions."
- VI. The following should be named as the Certificate Holder:
- FORT CRE South Wells LLC
 - c/o Jones Land LaSalle Americas (Illinois), L.P.
 - 145 South Wells, Suite 100
 - Chicago IL 60606

Again, please remember that we MUST receive a current Certificate of Insurance prior to the commencement of work or delivery.

Please email COI's to 145southwells@am.ill.com and call the Office of the Building at (312) 445-0664 with any questions.