

Dear Vendor:

To work on the property, your company will need to furnish property management with a Certificate of Insurance naming the respective entities' listed below as additional insured, and showing proof of liability and hazard coverage with an amount of \$2 million and a 30 day cancellation notice.

This certificate should name the following as additional insured:

- Centennial Lakes ____, LLC
- Northmarq Real Estate Services LLC
Managing Agent for Owners
- State Farm Investment Company
- United Properties Investment LLC

NorthMarq Real Estate Services LLC should be the certificate holder.

Northmarq Real Estate Services, LLC
7650 Edinborough Way, Suite 175
Edina, MN 55435

Note: NorthMarq Real Estate Services LLC is the managing agent for Owner and United Properties Investment LLC and State Farm Realty Investment Company will continue to exist as owner entities.

Please send the Insurance Certificate to:

Centennial Lakes Office Park
c/o Cushman & Wakefield/NorthMarq
7650 Edinborough Way, Suite 550
Edina, MN 55435

Or fax to: 952-837-8402. **Or email to:** clopmain@cushwakenm.com

The Insurance Certificate should show proof of commercial general liability coverage:

(a) Commercial general liability insurance, including without limitation, coverage for bodily injury, property damage, personal injury, contractual liability (applying to this Agreement), and products-completed operations liability, having a combined single limit of not less than \$1,000,000 per occurrence and excess/umbrella coverage of not less than \$3,000,000 for a total of \$4,000,000. Such policy shall not contain explosion, collapse and/or underground exclusions.



(b) Comprehensive automobile liability insurance, including hired and non-owned vehicles, with a combined single limit of not less than \$1,000,000 per occurrence.

(c) Applicable worker's compensation in statutory limits, and Employer's Liability insurance in the amount of at least \$500,000 per occurrence.

(d) Any other insurance commonly used by contractors for services of the type performed pursuant to this Agreement or reasonably required by Owner from time to time.

(e) Minimum of 30 days notice

***The amounts noted above are minimum requirements. In the event of a discrepancy in limits between this supplement and a specific contract, the amounts stated in that contract shall govern.*

Thank you for your cooperation. If you have any questions, please contact the management office at 952-837-8400.