

**REQUEST FOR CERTIFICATE OF INSURANCE**

ALL ABM Ratings must be A:VIII or higher

**From:** Veronica Chu / 1920 Main St., Ste 1200, Irvine, CA 92614  
**Phone:** 650-452-0592 **E-Mail:** [Vchu@healthpeak.com](mailto:Vchu@healthpeak.com)

**Date:** Today's Date

**CERTIFICATE HOLDER (Requestor of Certificate)**

**Name:** Healthpeak Properties, Inc., its subsidiaries and its affiliates and HCP LSE Property Manager, LLC.  
**Street Address / P.O. Box:** 2000 Sierra Point Parkway, Ste 700  
**City, State, Zip Code:** Brisbane, CA 94005

**Attention:** Veronica Chu

**REFERENCE LEASE# / LOAN# / PROJECT# / JOB#:**

**ADDITIONAL INSURED:** Healthpeak Properties Inc., its subsidiaries and its affiliates and HCP LSE Property Manager, LLC.

**PROPERTY ADDRESS:**

**DESC. OF OPERATIONS / LOCATION NAME:** All operations for the named insured performed for Healthpeak Properties, Inc., its subsidiaries and its affiliates and HCP LSE Property Manager, LLC. Healthpeak Properties, Inc., its subsidiaries and its affiliates and HCP LSE Property Manager, LLC are included as additional insured for ongoing and completed operations for general and automobile liability. Waiver of Subrogation applies in favor of Healthpeak Properties, Inc., its subsidiaries and its affiliates and HCP LSE Property Manager, LLC for general, automobile, and workers compensation and employee's liability policies. Excess/Umbrella liability policy follows form over general liability, automobile liability, and workers compensation and employee's liability policies

**Endorsement Forms Needed:**

- 1) Additional Insured** which covers ongoing as well as completed operations for Commercial General Liability, Automobile Liability and Workers Compensation.
  - 2) Waiver of Subrogation** for Commercial General Liability, Automobile Liability and Workers Compensation.
  - 3) Primary and non-contributory** for Commercial General Liability.
- ALL CHECK BOXES for "ADDL INSR" and "SUBR WVD" MUST be checked. See Page 2 for EXAMPLE COI. Commercial General Liability – Gen'l Aggregate Limit Applies Per: Place an "X" in either "Project" box NOT "Loc" or "Policy."*

**CERTIFICATE HOLDER AS**    LOSS PAYEE /    MORTGAGEE /    **ADDITIONAL INSURED**

If Additional Insured is required, attach that portion of contract to Certificate Request

**COVERAGE AND SHOW LIMIT**   **(PLEASE SEE CONTRACT REQUIREMENTS ON PAGE 3)**

**GENERAL LIABILITY**                      **LIMITS REQUIRED:**  
\$1 Million Occurrence/ \$2 Million Aggregate

**UMBRELLA/EXCESS**                      **LIMITS REQUIRED:**  
\$1 Million Occurrence/ \$1 Million Aggregate

**AUTOMOBILE LIABILITY**                      **LIMITS REQUIRED:**  
\$1 Million Combined Single Limit

**WORKER'S COMPENSATION**                      **LIMITS REQUIRED:**  
Statutory Limits + \$1 Million Employers' Liability for Each Accident/Disease – Ea. Employee/Disease – Policy Limit

E-mail completed form to: [Vchu@healthpeak.com](mailto:Vchu@healthpeak.com)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
MM/DD/YY

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	REQUIRED	CONTACT NAME: REQUIRED	FAX (A/C, No): REQUIRED
		PHONE (A/C No, Ext): REQUIRED	
INSURED	REQUIRED	INSURER(S) AFFORDING COVERAGE	
		INSURER A: REQUIRED	NAIC # REQUIRED
		INSURER B: REQUIRED WHEN AVAILABLE	REQUIRED
		INSURER C: REQUIRED WHEN AVAILABLE	REQUIRED
		INSURER D: REQUIRED WHEN AVAILABLE	REQUIRED
		INSURER E: REQUIRED WHEN AVAILABLE	REQUIRED

### 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
	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	REQUIRED	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE \$ REQUIRED DAMAGE TO RENTED PREMISES (Ea occurrence) \$ REQUIRED MED EXP (Any one person) \$ REQUIRED PERSONAL & ADV INJURY \$ REQUIRED GENERAL AGGREGATE \$ REQUIRED PRODUCTS - COM/OP AGG \$ REQUIRED
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	REQUIRED	mm/dd/yy	mm/dd/yy	COMBINED SINGLE LIMIT (Ea accident) \$ REQUIRED BODILY INJURY (Per person) \$ REQUIRED BODILY INJURY (Per accident) \$ REQUIRED PROPERTY DAMAGE (Per accident) \$ REQUIRED
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			REQUIRED	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE \$ REQUIRED AGGREGATE \$ REQUIRED
	<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	N/A	REQUIRED	mm/dd/yy	mm/dd/yy	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ REQUIRED E.L. DISEASE - EA EMPLOYEE \$ REQUIRED E.L. DISEASE - POLICY LIMIT \$ REQUIRED

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

Indicate: All operations of named insured performed for HCP, Inc., its subsidiaries and its affiliates and HCP LSE Property Manager LLC

**ENDORSEMENTS FORMS TO ATTACH:**  
 Additional Insured for Ongoing Operations + Additional Insureds for Completed Operations (Commercial General Liability)  
 Additional Insured (Automobile Liability)  
 Additional Insured(s): HCP, Inc., its subsidiaries and its affiliates and HCP LSE Property Manager, LLC.

Waiver of Subrogation (Commercial General/Automobile/Workers Compensation Liability): HCP, Inc., its subsidiaries and its affiliates and HCP LSE Property Manager LLC are waived of Subrogation  
 Primary and Non-Contributory (Commercial General Liability)

Indicate: Umbrella/Excess Liability policy follows form over General/Automobile/Workers Compensation Liability policies

**All Additional Insured and Waiver of Subrogation Endorsements may be substituted with Blanket endorsement forms**

<b>CERTIFICATE HOLDER</b> Healthpeak Properties Inc., its subsidiaries and its affiliates and HCP LSE Property Manager, LLC Attention: Veronica Chu 2000 Sierra Point Parkway, Ste 100 Brisbane, CA 94005	<b>CANCELLATION</b> 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 REQUIRED

## **Exhibit C**

### **Insurance Requirements**

1. Worker's compensation insurance as and to the extent required under applicable law with employers liability coverage with a limit of not less than \$1,000,000 per occurrence;
2. Commercial general liability insurance for bodily injury, death and property loss and damage (including coverages for product liability, completed operations, contractual liability and personal injury liability) covering Contractor for damages arising out of its performance or nonperformance under this Contract. The policy shall have a limit of not less than \$1,000,000 per occurrence/\$2,000,000 general aggregate.
3. Auto liability insurance (if the Work done in conjunction with this agreement involves the use of vehicles) covering any owned, hired or leased vehicle with a limit of not less than \$1,000,000 per accident.
4. Umbrella coverage of up to \$1,000,000 per occurrence/\$1,000,000 aggregate and/or a Fidelity coverage on any employees working on the Property.
5. FOR ENVIRONMENTAL SERVICES: Contractors Pollution Liability (CPL), for services being performed by Contractor with a limit of not less than \$2,000,000 per occurrence and \$4,000,000 aggregate for bodily injury, property damage and cleanup costs. Furthermore, the policies shall provide coverage, with no exclusions or sublimits, for bodily injury, property damage or cleanup claims or loss arising from any water, indoor air quality or other work where water or moisture is involved, including but not limited to mold remediation, HVAC, plumbing or glazier operations. Definition of pollution conditions will include asbestos and legionella. Transportation (as applicable to the operations), including loading & unloading, beyond the job site shall be provided. Coverage can be written on a Claims Made policy form, however, the Retroactive Date is to be prior to the start of work for Owner and is not to be advanced during the term of the project. Additionally, if the coverage is written on a Claims Made form, the Contractor shall purchase an Extended Reporting Period "Tail Coverage" for a period of no less than 3 years after completion of the work for Owner. If non-owned disposal sites (NODS) are to be utilized by the Contractor while performing work for Owner, then the NODS shall be added to the policy.

All Contractor's policies of insurance shall be issued by from insurers with an A.M. Best rating of A-VIII or higher, provide for coverage on an occurrence basis and shall include a waiver of subrogation in favor of Owner and Manager.

Contractor shall furnish Manager and Owner with insurance certificates as evidence of its coverage prior to commencing Work and at from time to time upon Manager's request.

Owner, Manager, and Owner's parent company (if applicable) shall each be named as an additional insured on all Contractor's insurance and the policies shall have a severability of interests provision.

Contractor's insurance shall be primary and non-contributing as to any insurance policies carried by Owner or Manager.

Contractor shall ensure that any subcontractors used in conjunction with the Work done under this Contract shall maintain insurance in types and amounts acceptable to Owner and shall provide evidence of any subcontractor insurance to Manager upon request.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA  
BLANKET BASIS**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

The additional premium for this endorsement shall be 2% of the total manual premium otherwise due on such remuneration. The minimum premium for this endorsement is \$350.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**SCHEDULE**

**BLANKET WAIVER**

**Person/Organization** Blanket Waiver – Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

**Job Description** **Waiver Premium**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective Policy No. Endorsement No.  
Insured Premium \$  
Insurance Company

Countersigned by \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_  
LIABILITY

COMMERCIAL GENERAL

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

**ADDITIONAL INSURED --- OWNERS, LESSEES OR  
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

Name of Person or Organization: HCP Life Science REIT, Inc., HCP, Inc., HCP LSE Property Manager LL.

(If no entry appears above, information required to complete this endorsement will be shown in the Declaration as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

POLICY NUMBER:

COMMERCIAL AUTO  
CA 04 44 10 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>  <b>Endorsement Effective Date:</b>
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**SCHEDULE**

<b>Name(s) Of Person(s) Or Organization(s):</b>  WHERE REQUIRED BY WRITTEN CONTRACT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.