

## TWO39WORK Member Insurance Information

The Two39 Work staff and the Walden Center owners firmly believe in the protection of all Members, Guests and Visitors when present at Two39 Work. To ensure our commitment to this value, Two39 Work and the Walden Center require Members to have the following insurances with the prescribed limits:

- 1. Commercial General Liability and Property Damage in amounts of not less than One Million Dollars (\$1,000,000.00) in respect to bodily injury or death to any one person, of not less than Two Million Dollars (\$2,000,000.00) Combined Single Limit for both bodily injury and property damage.
- 2. Personal Property, Trade Fixtures, and Merchandise. Insurance covering all personal property, trade fixtures, merchandise in an amount not less than one hundred percent (100%) of their full replacement costs from time to time during the Term, providing protection against perils included within the standard Florida form of fire and extended coverage insurance policy, together with insurance against sprinkler damage, vandalism and malicious mischief.
- 3. Workers Compensation (if applicable). Workers Compensation Insurance in the amounts required by law.

All Members must provide evidence of proper insurance coverages, with required endorsements, represented by a certificate. Please see the pages below for a sample certificate of insurance and required endorsements to use as a guide when creating your certificate.





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/04/2014

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	ient(S)		CONTAC NAME:	T					
Legal Name of Primary Member's Insurance Agency Address for Primary Member's Insurance Agency City, ST				PHONE (A/C No. Ext). 239-123-4567 FAX (A/C No. 239-123-5678					
				E-MAIL ADDRESS: info@premierinsurancecorp.com					
Zip for Agency	by City	OI .	ADDRES	A 34.74	Variation and desired	192 mar and a second second		NAIC#	
Named insured on certificate				INSURER(S) AFFORDING COVERAGE					
				INSURER A : ABC Company					
INSURED must match name on Agreement				INSURER B: XYZ Company * If contract requires more than \$1MM ea occurrer					
Primary Member's Legal Name as shown on Insurance policy Primary Members mailing address			INSURE	1000	Umbr	rella or Excess Lial	b policy will	be required.	
			INSURE	RD:		170			
City, FL 33904			INSURE	RE:					
			INSURE	RF:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUM			
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PERSONAL PROPERTY OF SUCH POLICIES.	UIREM ERTAIN, OLICIES	IENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVI	N OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH D HEREIN IS SUB.	RESPECT TO	WHICH THIS	
	DDL SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTEL PREMISES (Fa occur		.000,000 *	
CE MINO MINE COCCIA	YY	PKG 12345678		08/01/2014	08/01/2015	MED EXP (Any one pe			
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GEN'L AGGREGATE LIMIT APPLIES PER:				Į .		PERSONAL & ADV IN		00,000	
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OTHER:							OP AGG \$2,0		
AUTOMOBILE LIABILITY	$\top$	1				COMBINED SINGLE L			
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ALL OWNED SCHEDULED				Į .		BODILY INJURY (Per	A SACRET SACRET		
AUTOS AUTOS NON-OWNED AUTOS AUTOS				Į .		PROPERTY DAMAGE (Per accident)			
HIRED AUTOS AUTOS	- 50 22					A CALLETTING	s		
UMBRELLA LIAB X OCCUR	-82.				3	EACH OCCURRENCE	s 1.0	000,000	
B X EXCESS LIAB CLAIMS-MADE		XS 9876543		08/01/2014	08/01/2015	AGGREGATE		00,000	
DED RETENTIONS		845 CHICEST (CESSO) 5				100	s		
WORKERS COMPENSATION	$\top$					PER STATUTE	OTH- FR		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	,,			Į .		E.L. EACH ACCIDENT	T S		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1/A			Į .		E.L. DISEASE - EA EM	W		
If yes, describe under DESCRIPTION OF OPERATIONS below		2				E.L. DISEASE - POLIC			
					1022 100/08/80			W. H. Carriera de	
1						AND edition dates			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	18 1405	PD 404 Additional Page 1 2 2	odula -	be attacks to		ND forms MUST	be attached	•	
General Liability: Certificate Holder is named A							at 24301 Wa	Iden Center	
Drive, Suite 300, Bonita Springs, FL 34134				ist match leas		V			
Waiver of Subrogation: General Liability policy	contai	ins a Waiver of Subrogation	n in favor	r of Certificate	e holder per a	ttached form CG 2	?404 (10-93).		
•		-					•		
CERTIFICATE HOLDER			CAN	CELLATION					
	_			LLLAIION		790			
Walden Center LP and Commercial Real Estate Consultants LLC D	)BA mi		d THE	EXPIRATIO	N DATE TH	DESCRIBED POLICII			
CRE Consultants	1	egal name shown	ACC	ORDANCE W	ITH THE POL	ICY PROVISIONS.			

June Hurlan

Certificate MUST be signed by an Authorized Representative

AUTHORIZED REPRESENTATIVE

Fort Myers, FL 33966

12140 Carrissa Commerce Ct., Ste. 102

in lease



POLICY NUMBER: PKG 12345678 Policy Number must match certificate COMMERCIAL GENERAL LIABILITY CG 20 11 01 96

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

# ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART Must match address in Description of Operations Box on certificate



- Designation of Premises (Part Leased to You): Walden Center Drive Bonita Springs, FL 34134
- 2. Name of Person or Organization (Additional Insured): Building Owner 

  Must match certificate bolder
- 3. Additional Premium: Included

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations 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 the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- Any "occurrence" which takes place after you cease to be a tenant in that premises.
- Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.



POLICY NUMBER: PKG 12345678 Policy number must match certificate COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

### Name of Person or Organization:

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

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV -COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.