Google Community Space Certificate of Insurance (COI) Requirements

---

To host an event at the Google Community Space, your organization is required to submit a Certificate of Insurance (COI) for approval. **The COI** must include all necessary coverages and details to the specific building where Google Community Space is located and where your event will be hosted.

Please plan ahead!
The COI approval process can take a few days, and adjustments may be requested

---

Ensure your COI meets all of the following requirements and the wording is correct

Minimum Coverage: Each requirement below must be met with at least its stated minimum coverage.

- Please insure **Commercial General Liability** on an occurrence basis of $1,000,000 minimum per occurrence and a combined single limit ("**general aggregate**") of $2,000,000 minimum.
- Please insure **Workers' Compensation and Employers' Liability** of $1,000,000 minimum per occurrence.

If your organization has no workers compensation because you have zero employees, please let us know before submitting your COI.

- If any sale of alcoholic beverages will take place during your event, Organization will carry "dram shop" or liquor insurance coverage (if consumption but no sales will occur, a "host liquor liability insurance" is required instead) in the amount of at least $2,000,000 per occurrence.
- The company providing insurance should have an A.M. Best rating of not less than A-VIII.'
- Required Endorsements:
    - Additional Insured
    - Primary and NonContributory: This coverage shall be primary to Owner and Manager's coverage, and Owner and Manager's coverage shall be noncontributory.
    - Waiver of Subrogation for the General Liability,
    - Waiver of Subrogation for the Worker's Comp

Wording: the document must include the "Certificate Holder" and "Additional Insured" information

Certificate holder:
PPF OFF 345 SPEAR STREET, LP
c/o: Jones Lang LaSalle – Hills Plaza
2 Harrison Street, Suite # 180
San Francisco, CA 94105

Additional Insured:
PPF OFF 345 Spear Street, LP
Morgan Stanley Real Estate Advisor, Inc.
Jones Lang LaSalle Americas, Inc.
Hills Plaza Master Association including their officers, directors and employees

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (ƒAM03OYYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO NIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFRIMATIVELY OR NEGATIVELY AMEND, EXTENG 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 OP PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the sertificate helder is an ADDITIONAL INSURED, the poliey(ies) must have ADDITIONAL INSURED provisions or be andoreed. 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 seu of euch endorsement(s).

PRODUCER	CONTRCT NAME:	
Information here	PHONE (DIC, Os, Hot):	FAX (DIC, No):
	S-ITAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC ¥
	INSURER A :	
INSURED	INSURER A :	
Your Organization's name and adressaddress here	INSURER C :	
	INSURER B :	
	INSURER E :	
	INSURER 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 AISUED OR MNY FERMEN, THE INSURANCE AFFORSED BY THE POLICIES BESERIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF EACH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIP CLAIMS.

HISR LTR	TYPE OF INSURANCE	AURE INSO	UBSN INSD	POLICY NUMBER	POLICY EFT (MIAIDD/YYYY)	POLICY ESP (MMIDD/YYYY)	LIMITS	
	X **COMMERCIAL GENERAL LIABILITY**						**EACH COCURRENCE**	$ 1,000,000
	CLAIMS-MADE X OCCUR						EACH DOCURRENCE PREMISES (Ee comolterod)	$
							HED LAV (Any one person)	$
		X	X	Your # here	mm/dd/yy	mm/dd/yy	PERSONAL & ADY WLIRY	$
	GENL AGGREGALE LIMIT APPLIES PER:						**GENERAL ADGREGATE**	$ 2,000,000
	POLICY Pltan-JECT X LOC						PRODUCTS - COMPIDO AGG	$
	OTHER							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Por denorord)	$
	ANY AUTO						BODILY BOURH (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS	X	X				BODILY BOURH (Rer oowoern)	$
	AUTOS AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DEDUGS (Per ascident)	$
								$
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$
	EXCESS LIAS CLAIMS-MADE	X	X				ADGREGATE	$
	DED RETENTION $							$
	WORKERS COMPERSATION AND UAEVOYERS' GADILER Y / M						FIOE STATURE GTH= 0B	
	ANT PROPAMITOR PARTHER EXECUTIVE OFFICES 0R EMIUE/LACLUDED?	N / A	X				**E.L. EACH ACCIDENT**	$ 1,000,000
	(Rondatiory to VIP) IT yww; decre/ave under DESCRIPTION OF OPERATIONS beese						E.L. DISEASE - EA EMPLOYES	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarke Schedule, may be ettached if there space is required)

PPF OFF 345 Spear Street, LP: Morgan Stanley Real Estate Advisor, Inc., Jones Long LaSalle Americas, Inc., Hilis Plaza Master Association including their officers, directors, and employees as additional insureds

This coverage shall be primary to Owner and Manager's coverage, and Owner and Manager's coverage shall be noncontributory. Waiver of Subrogation for the General Liability, Waivor of Subrogation for the Worker's Comp apply

CERTIFICATE HOLDER

PPF OFF 345 SPEAR STREET, LP
c/o: Jones Lang LaSalle -- Hills Plaza
2 Harrison Street, State # 180
San Francisco, CA 94105

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREDE, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE