

(i) Except as provided hereafter, all Vendors hired to perform work at each Property shall maintain the following insurance, in the following amounts, or such other amounts as reasonably appropriate for the Vendor services performed:

INSURANCE MINIMUM LIMITS

- Workers' Compensation
 - as required by statute in the state where the applicable Property is located and where any operations relating to the contract are located, with waiver of subrogation against **HUB Properties Trust, Equity Commonwealth, Equity Commonwealth Management, LLC and CBRE, Inc.**
- Employer's Liability
 - \$500,000 each accident
 - \$500,000 per disease
 - \$500,000 Disease Policy Limit
- Commercial General Liability*
 - \$1,000,000 per occurrence
 - \$2,000,000 aggregate
- Business Automobile Coverage
 - \$1,000,000 (any auto/owned/non-owned/hired) per accident
- Excess Umbrella
 - \$5,000,000 for the following trades:
 - Construction – Steeplejack
 - Disaster Restoration
 - Environmental Remediation
 - Exterior – Roof Maintenance/Replacement
 - Window Glass Repair/Replacement
 - Elevators/Escalators
 - Manlift/Davit Maintenance
 - \$3,000,000 for the following trades
 - Window Washing
 - \$1,000,000 for all other trades
- AM Best Rating of A-/VII

*Vendors may fulfill their insurance obligations through the use of any combination of primary and umbrella coverage. This coverage shall be primary to Owner's, Manager's and Submanager's insurance and will cover Owner, Manager and Submanager as Additional Insureds for claims arising out of the Vendor's ongoing and completed operations for or on behalf of Owner, Manager or Submanager. Owner, Manager and Submanager shall be named as Additional Insureds (see below) by endorsement to Vendor's Commercial General Liability and Auto Liability insurance policies.

(ii) If a Vendor's work involves professional design or engineering, special evidence of \$1,000,000 in professional liability coverage may also be required by Manager.

(iii) If a Vendor's work involves any hazardous or toxic substances or materials such as Asbestos or Asbestos abatement, special evidence of \$1,000,000 in Contractor's Pollution Liability coverage may also be required by Manager.

(iv) Manager or Submanager may require additional coverage as they deem reasonable and may waive certain limits or requirements on a case-by-case basis. Submanager shall require each Vendor to submit

certificates of insurance and endorsements in form and substance satisfactory to Manager or Submanager as evidence of the coverages required. Each required policy will provide for (A) waiver of subrogation against Owner, Manager and Submanager; and (B) if Vendor's liability insurance limit is subject to a policy aggregate, the aggregate limit must apply per project, or per location. All such policies will provide for 30 days' prior written notice to Submanager or Manager of cancellation and shall be issued by insurers with a Best's rating of A - VII or higher as reported in the most recent Property & Casualty Reports Key Rating Guide edition.

(v) For Projects in which Submanager acts as Project Submanager, Manager will require all PJM Contractors to extend broad form indemnities to all of Owner, Manager and Submanager and name Owner, Manager and Submanager as additional insured.

Owner, Manager and Submanager are defined below and should always be listed as Additional Insureds:

All service providers should name the **HUB Properties Trust, Equity Commonwealth, Equity Commonwealth Management, LLC and CBRE, Inc.** as additionally insured by endorsement

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SAMPLE INSURANCE ENDORSEMENT – CG 20 10 – Duration of Project Only

Additional Insured: **HUB Properties Trust, Equity Commonwealth, Equity Commonwealth Management, LLC and CBRE, Inc.**

ISO | Commercial General Liability Forms | 07/01/04

POLICY NUMBER:

COMMERCIAL GENERAL

LIABILITY

CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

CG 20 10 07 04

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Additional Insured Endorsement Form

Duration of Project Only

SAMPLE INSURANCE ENDORSEMENT – CG 20 37 Completed Operations Only

Additional Insured: **HUB Properties Trust, Equity Commonwealth, Equity Commonwealth Management, LLC and CBRE, Inc.**

ISO | Commercial General Liability Forms | 07/01/04

POLICY NUMBER:

COMMERCIAL GENERAL
LIABILITY

CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

CG 20 37 07 04

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SAMPLE

Additional Insured
Endorsement Form

Completed Operations Only