

**PHYSICIANS MEDICAL CENTER – 7910 FROST STREET
TENANT INSURANCE REQUIREMENTS**

GENERAL LIABILITY

1. Each Occurrence	\$1,000,000
2. Products/Completed Operations Aggregate	\$1,000,000
3. Personal and Advertising Injury	\$1,000,000
4. General Aggregate	\$5,000,000

AUTOMOBILE LIABILITY INSURANCE

Property, Fire and Extended Coverage Self-Insurance program for owned, non-owned or hired automobiles with a combined single of not less than one million dollars (\$1,000,000) per occurrence.

PROPERTY INSURANCE

Property, Fire and Extended Coverage Self-Insurance program in an amount sufficient to reimburse Tenant for all of its equipment, trade fixtures, inventory, fixtures and other personal property owned by Tenant located on or in the Premises including leasehold improvements hereinafter constructed or installed.

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY

Worker's Compensation as required by California law.

AUTOMOBILE LIABILITY INSURANCE

Auto liability in a minimum amount of **\$1,000,000.00** for all vehicles owned by the contractor or subcontractor and brought onto the premises.

ADDITIONAL INSURED REQUIREMENTS

ADDITIONAL INSURED ENDORSEMENT – “Hard Copy” must be attached to certificate naming the following Additional Insurers as respects to General Liability for the specific premises.

DESCRIPTION: (If applicable: Tenant's Name) or Rady Children's Hospital- San Diego

Additional Insured to be listed:

- a) Rady Children's Hospital- San Diego
- c) Cushman & Wakefield U.S. Inc.

CERTIFICATE HOLDER:

Rady Children's Hospital- San Diego
c/o Cushman Wakefield 7910
Frost Street, Suite 260
San Diego, CA 92123

PRIMARY WORDING ENDORSEMENT – Stating Additional Insured insurance is non-contributing with any other insurance OR the following statement may be provided on the Additional Insured endorsement:

It is further agreed that such insurance as is afforded by this policy, for the benefit of the additional insureds shown above shall be primary insurance, but only as respects to any claims, loss or liability arising out of the named insureds operations, and any insurance maintained by the additional insureds shall be non-contributing.

**If primary and non-contributing is included within the policy, we will need a copy of that clause.

- 30 DAY NOTICE OF CANCELLATION - Remove or cross out the “endeavor to but failure to mail” wording from certificate.
- WAIVER OF SUBROGATION ENDORSEMENT – on General Liability

Please email certificates and endorsements to aubrey.ray@cushwake.com, and mail the original to the Certificate Holder