VENDOR INSURANCE REQUIREMENTS

The following vendors are required to have Excess Umbrella coverage of \$3,000,000:

- Electrician
- Plumbers
- HVAC and its components
- Fire
- Window Cleaning/Repairs
- Elevator
- Data Telecommunication
- General Contractors
- Roofers, Asbestos
- Any vendor that will perform drilling on the building.

The following vendors are required to have Excess Umbrella coverage of \$1,000,000:

- Pest Control (not termites if drilling is required)
- Landscape (interior/exterior)
- Irrigation
- Janitorial
- Security Guard
- Security System
- Painting
- Flooring
- Sweeping
- Striping
- Concrete/Asphalt Repair
- Infrared Scanning
- Sweeping
- Movers

VENDOR INSURANCE REQUIREMENTS

Please provide Fobare Commercial, L.P. with an Accord Certificate of Insurance evidencing the following insurance requirements.

COVERAGE:

| Commercial General Liability General Aggregate | \$2,000,000 | |
|--|---|--|
| Bodily Injury | \$1,000,000 \$1,000,000 \$1,000,000 | each person each occurrence aggregate products |
| Property Damage | \$1,000,000 \$1,000,000 \$1,000,000 | each person each occurrence aggregate products |
| Automobile Liability and Property Damage | \$1,000,000 | each person |
| Excess Umbrella Liability | \$1,000,000 | each occurrence |
| Worker's Compensation | \$500,000 | State of Texas limits |

No worker's Compensation: Waiver Form TWCC-85 must be executed. (Original signature required)

WAIVER OF SUBROGATION: (must be exact wording)

Under "Special Provisions", certificate must state: Waiver of Subrogation applies in favor of the Owner and Managing Agent.

ADDITIONAL INSURED LANGUAGE: (must be exact wording)

The Certificate Holders are listed as an additional insured.

CERTIFICATE HOLDER: (must be exact wording)

AGF Spring Creek/Coit II, Ltd. and Fobare Commercial, L.P., as Managing Agent and the Owner of its managed properties 1701 N. Greenville Ave. Suite 401 Richardson, TX 75081

VENDOR INSURANCE REQUIREMENTS

Please provide Fobare Commercial, L.P. with an Accord Certificate of Insurance evidencing the following insurance requirements.

COVERAGE:

| Commercial General Liability General Aggregate | \$2,000,000 | |
|--|---|--|
| Bodily Injury | \$1,000,000 \$1,000,000 \$1,000,000 | each person each occurrence aggregate products |
| Property Damage | \$1,000,000 \$1,000,000 \$1,000,000 | each person each occurrence aggregate products |
| Automobile Liability and Property Damage | \$1,000,000 | each person |
| Excess Umbrella Liability | \$3,000,000 | each occurrence |
| Worker's Compensation | \$500,000 | State of Texas limits |

No worker's Compensation: Waiver Form TWCC-85 must be executed. (Original signature required)

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