



Tenant Insurance Requirements

**This is a summary of requirements. Additional requirements may apply per the lease agreement.*

Our Tenants located at _____ are required to maintain insurance coverage, as follows:

Policy Requirements

Commercial General Liability

Limits:

\$2,000,000 Each Occurrence/\$2,000,000 General Aggregate **per location**
\$2,000,000 Products-Comp Op Aggregate
\$1,000,000 Personal & Advertising Injury
\$50,000 Damage to Rented Premises
\$5,000 Medical Payments Each Person (if applicable)

Coverage:

Occurrence Form, Commercial General Liability including Personal Injury, Products Liability, Completed Operations, Blanket Contractual and Broad Form Property Damage Coverage, Owners and Contractors Protective, and Warehouse Operator’s Legal Liability Insurance, if applicable.

All Risk or Special Form Property Insurance Including Minimum 6 Months Business Interruption

Valuation:

Full replacement cost of all property, tenant-made alterations, fixtures & improvements installed or placed in the premises by Tenant.

Deductible:

Not to exceed \$1,000 unless otherwise agreed in writing by Lessor.

The Commercial General Liability and Property Insurance shall name **Lessor** and other designees of Lessor as **Certificate Holder and Additional Insured (AI Endorsement Required)** and will contain a waiver by the insurer of all rights of legal and conventional subrogation against Lessor and Manager (**WOS Endorsement Required**). Primary Noncontributory **Endorsement** must be attached, noted on Certificate of Insurance or the policy/policy form providing same wording is to be provided. Insurers must be AM Best Rating A-VII or better. www.ambest.com.

Lessor shall be named as follows: **[REXFORD ENTITY NAME]**, and all its entities, subsidiaries and affiliates are included as additional insured in accordance with the policy provisions of the General Liability Policy

Workers Compensation

Statutory Benefits

Employers’ Liability

\$1,000,000 Employers’ Liability

Automobile Liability Insurance

Bodily Injury & Property

Damage Combined Single Limit:

\$2,000,000 Each Accident

Coverage:

Comprehensive Form including Employer’s Owned, Non-Owned & Hired Liability providing primary (and not contributing) coverage, containing cross-liability and severability of interest clauses.

Umbrella/Excess Liability

If required to meet Limits

Business Interruption insurance with a limit of liability representing loss of at least 6 months income

All required insurance forms must be reviewed and approved prior to tenant receiving possession of the Leased premises.

Description of Operations/Locations:

Rexford Industrial - Gilbert LaPalma, LLC, – FULL PROPERTY ADDRESS AND UNIT

Rexford Industrial Realty, L.P., Rexford Industrial Realty & Management, Inc. and all its entities, subsidiaries and affiliates are additional insured

Certificate Holder:

Rexford Industrial - Gilbert LaPalma, LLC, a California limited liability company

Rexford Industrial Realty, L.P.

11620 Wilshire Blvd. Suite 100

Los Angeles, CA 90025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/21/2022

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 YOUR PRODUCER/BROKER CONTACT INFORMATION	CONTACT NAME: Complete Contact Information	
	PHONE (A/C. No. Ext): _____ FAX (A/C. No): (818) 598-8910 E-MAIL ADDRESS: _____	
INSURED Your company name here Your company address here	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Your General Liability Ins Co.	A-VII or better
	INSURER B: Your General Liability Ins Co.	
	INSURER C: Your General Liability Ins Co.	
	INSURER D: Your General Liability Ins Co.	
	INSURER E: _____ INSURER F: _____	

COVERAGESCERTIFICATE NUMBER: **Sample -Tenant**

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 ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Indicate Ded if any GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1234	01/01/22	01/01/23	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5678	01/01/22	01/01/23	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
C OR	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ None			As Required			EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input checked="" type="checkbox"/>	131415	01/01/22	01/01/23	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ _____
	BUSINESS INCOME LOSS OF INCOME EXTRA EXPENSE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2353464768	01/01/22	01/01/23	ded. \$1,000 \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

As respects to location: Rexford Industrial - Gilbert LaPalma, LLC, - FULL PROPERTY ADDRESS AND UNIT Rexford Industrial Realty, L.P., Rexford Industrial Realty & Management, Inc. and all its entities, subsidiaries and affiliates are additional insured

Certificate Holder is named as Additional Insured per attached endorsement. Waiver of Subrogation and Primary Non-contributory Endorsements attached.

CERTIFICATE HOLDER**CANCELLATION**

**Rexford Industrial - Gilbert LaPalma, LLC,
Rexford Industrial Realty, L.P. 11620
Wilshire Blvd. Suite 100
Los Angeles, CA 90025**

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

AUTHORIZED REPRESENTATIVE

Wet Signature Required

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/1/2022

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		PHONE (A/C, No, Ext): 818-539-2300	COMPANY NAME AND ADDRESS		NAIC NO:
YOUR PRODUCER/ BROKER CONTACT INFORMATION			See Attached		
FAX (A/C, No): 818-539-1804	E-MAIL ADDRESS: LARealEstateCerts@AJG.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID #:			Property		
YOUR COMPANY NAME AND ADDRESS HERE			LOAN NUMBER		POLICY NUMBER
					See Attached
			EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
			01/31/2022	01/31/2023	
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/ DESCRIPTION
RE: LEASED ADDRESS

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 EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/>	SPECIAL		
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$		DED: \$1,000.00						
<input checked="" type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: xxxxx			<input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 6
BLANKET COVERAGE		X			If YES, indicate value(s) reported on property identified above: \$			
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC			
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X					
IS DOMESTIC TERRORISM EXCLUDED?			X					
LIMITED FUNGUS COVERAGE			X		If YES, LIMIT:		DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X					
REPLACEMENT COST			X					
AGREED VALUE			X					
COINSURANCE			X		If YES, %			
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT:		DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT:		DED:	
- Demolition Costs		X			If YES, LIMIT:		DED:	
- Incr. Cost of Construction		X			If YES, LIMIT:		DED:	
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT:		DED:	
FLOOD (If Applicable)		X			If YES, LIMIT:		DED:	
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X		If YES, LIMIT:		DED:	
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			X		If YES, LIMIT:		DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X						

CANCELLATION

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

ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE				
NAME AND ADDRESS				AUTHORIZED REPRESENTATIVE
Rexford Industrial - Gilbert LaPalma, LLC, Rexford Industrial Realty, L.P. 11620 Wilshire Blvd. Suite 100 Los Angeles, CA 90025				

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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 Person or Organization:

(INSERT COMPLETE NAME(S) OR ADDITIONAL INSURED(S) TO BE NAMED)

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

A. Section II – Who Is Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your or their operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

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 site 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.

SAMPLE

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

(INSERT COMPLETE NAME(S) OR ADDITIONAL INSURED(S) TO BE NAMED)

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

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.

SAMPLE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

CERTIFICATES FAQ

WHAT IS A CERTIFICATE OF INSURANCE?

A certificate of insurance is a document used to provide insurance coverage information:

- Who purchased the insurance
- When the insurance is effective
- What carriers provide the insurance
- How much insurance/limits has been purchased
- Who is an certificate holder
- Additional Policy Information (e.g. Additional Insured; Waiver of Subrogation; Primary and Non Contributory)

WHAT'S THE DIFFERENCE BETWEEN A CERTIFICATE AND A POLICY?

A certificate of insurance is NOT an insurance policy, and does not serve to provide, endorse, amend or alter in any way the terms of an insurance policy. A certificate also is NOT a contract between the Insurance Company and any Insureds. Only an Endorsement to the insurance policy can change the coverages on an insurance policy. This is why it is important to receive a copy of the endorsements from tenants.

DOES MY CERTIFICATE OF INSURANCE NEED A SIGNATURE?

Yes, signatures are required. Wet or electronic signature is acceptable.

WHAT IS AN ADDITIONAL INSURED ENDORSEMENT?

(These endorsements are generally not issued under the Workers' Compensation or Umbrella/Excess Liability policies)

An endorsement used to name another party as Additional Insured (AI). An Additional Insured is a person or organization that enjoys of the benefits of being insured under another party's insurance policy.

There are a number of different Additional Insured forms intended to address various situations, some of which are more restrictive than others. Some versions list the Additional Insured specifically, while other versions provide "blanket" additional insured (e.g. as required by written contract). Also, as an alternative to a separate endorsement, some policies include the AI wording within the policy form. In this case, a copy of the policy section can be provided in lieu of an endorsement.

WHAT IS A WAIVER OF SUBROGATION PROVISION/ENDORSEMENT?

A provision/endorsement in which one party agrees to waive recovery rights against another in the event of a loss. The intent of the waiver is to prevent one party's insurer from pursuing recovery against the other party and their insurance. Waiver of Subrogation may also be referred to as "Waiver of Transfer of Rights" or as "Recovery from Others".



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CERTIFICATES FAQ

WHAT IS A PRIMARY AND NON CONTRIBUTORY PROVISION/ENDORSEMENT?

A provision/endorsement sometimes referred as “other insurance” modifies coverage that the insureds policy be the primary source of recovery and will not seek contribution to defense or indemnification from another party’s insurance.

WHAT IS PER LOCATION / PER PROJECT UNDER GENERAL LIABILITY SECTION?

The policy general aggregate limits can be amended to apply separately to individual designated locations or projects. Having Per Location/Per Project limits ensures policy limits are not exhausted by claims at other insured locations/projects.

WHAT IS THE DIFFERENCE BETWEEN UMBRELLA LIABILITY AND EXCESS LIABILITY?

Both are similar as they provide additional limits/protection over a variety of primary or underlying coverages (i.e. General Liability, Auto Liability and Employers Liability). Coverage is triggered when the primary limits have been reached/exhausted. Umbrella coverage can provide coverage for miscellaneous and unidentified loss exposures not provided for in the underlying coverages, however would typically be subject to a deductible/self-insured retention. An Excess Liability policy does not provide broader coverage; it only provides additional limits to covered claims under the primary policies.

WHAT IS THE NON OWNED AUTOS AND HIRED AUTOS LIABILITY?

- Non Owned Auto Liability insurance protects companies if it is brought into a lawsuit resulting from an auto accident involving a vehicle owned by one of its employees (not owned by the company) while on company business.
- Hired Auto Liability also protects companies interests in the event that it is sued resulting from an auto accident due to the use of a leased or rented vehicle by one of its employees while on company business.

WHAT IS A NON ADMITTED AND ADMITTED INSURER?

An insurance company that is “admitted” has been licensed by a state’s insurance department. An insurance company that is “non-admitted” has not been licensed by the state’s insurance department, however it does not mean it is not allowed to operate in the State. Non-admitted carriers may be able to provide coverages that admitted carriers are unable to provide.

If coverage placed with a non-admitted carrier, it is doing business in the state as a surplus lines carrier, and is neither subject to the same regulations as an admitted carrier nor do they participate in any state insurance guarantee fund, hence why it is important for carriers to have strong A.M. Best ratings.



CERTIFICATES FAQ

WHAT IS A.M. BEST'S RATING?

A.M. Best assigns credit ratings that assess an insurance company's creditworthiness, which refers to the likelihood the company will default on its obligations. A Best's Financial Strength Rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations.



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