

**451 D Street, Boston MA**  
**CONTRACTOR / VENDOR INSURANCE REQUIREMENTS**

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**The following Certificate Holder and Additional Insured MUST be properly listed on the COI:**

**CERTIFICATE HOLDER:**

**RREF II 451 D, LLC  
c/o Related Beal Management, LLC, as Managing  
Agent  
70 Fargo Street, Suite 102A  
Boston, MA 02210**

**ADDITIONAL INSURED:**

**RREF II 451 D, LLC, a Delaware limited liability company  
451D Holdings, LLC, a Delaware limited liability company  
451D Venture, LLC, a Delaware limited liability company  
GI TC Seaport I, LLC, a Delaware limited liability company  
TechCore, LLC, a California limited liability company  
CalPERS  
GI Manager LLC, a California limited liability company  
Teachers Insurance and Annuity Association of America, ISAOA  
ATIMA  
Related Beal Management, LLC, as Managing Agent  
Together with each of their affiliates and subsidiaries, and each of  
their respective officials, managers, members, directors, officers,  
shareholders, partners, employees and agents, and their respective  
successors and assigns.**

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- (a) Worker's Compensation Insurance as required by state law, endorsed to include Other States Coverage and to include a Waiver of Our Right to Recover from Others Endorsement;
- (b) Employer's Liability Insurance with a limit of not less than \$1,000,000 (or more if required by Massachusetts law) and any insurance required by any Employee Benefit Act or similar statute, as will protect the contractor and subcontractors from any and all liability under the aforementioned act(s) or similar statute(s);
- (c) Commercial General Liability Insurance (including Contractor's Protective Liability) in an amount not less than \$5,000,000 per occurrence whether involving personal injury liability (or death resulting there from) or property damage liability or combination thereof (combined single limit coverage), with a minimum aggregate limit of \$5,000,000. Such insurance shall insure [Tenant's/Landlord's] general contractor against any and all claims for personal injury, death, and damage to the property of others arising from its operations under its contract, whether such operations are performed by [Tenant's/Landlord's] contractors, subcontractors, or sub-subcontractors, or by anyone directly or indirectly employed by them. Coverage shall include premises-operations; products and completed operations; elevators and hoists liability; independent contractors and subcontractors liability; contractual liability assumed under this Lease; personal and advertising injury liability; and premises medical payments;
- (d) Business Automobile Liability Insurance, covering all vehicles, whether owned, non-owned, hired, or borrowed, in an amount not less than \$1,000,000 per occurrence, combined single limit bodily injury and property damage liability.
- (e) Builder's Risk Insurance in form and amount reasonably satisfactory to Landlord based upon the scope of work.

All such insurance shall be affected with insurers approved by Landlord, authorized to do business in Massachusetts under valid and enforceable policies naming Landlord, Landlord's managing agent and Landlord's Mortgagees as additional insured's. Such insurance shall provide that it shall not be canceled or modified without at least thirty (30) days' prior written notice to each insured named therein. On or before the time any contractor enters the premises and thereafter not less than fifteen (15) days prior to the expiration date of each expiring policy, original copies of the policies for each of the required insurance issued by the respective insurers, or certificates of such policies setting forth in full the provisions thereof and issued by such insurers together with evidence satisfactory to Landlord of the payment of all premiums for such policies, shall be delivered to Landlord and certificates as aforesaid of such policies shall upon request of Landlord, be delivered to the holder of any mortgage affecting the premises.

**Any questions, please call: 617-737-3462**  
**Email Copy to:**  
**451D@relatedbeal.com**