

FREEDOM PLAZA

EVENT REQUEST FORM

The submission of this form does not guarantee approval of event. Event is subject to marketing and property management approval.

Please submit request to: freedomplaza@primestor.com

REQUEST BY:

Tenant/ Company:

Name:

Title:

Phone:

Email:

Today's Date:

Event Date:

Event Time:

SUMMARY OF EVENT

Please include a description and purpose of the event.

SET-UP & BREAKDOWN

Set-Up Days:

Break Down Days:

Set-Up Time:

Break-Down Time

POINT OF CONTACT

Primary

Secondary

Name:

Name:

Phone

Phone:

Email:

Email:

DOCUMENT CONTINUED

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COI REQUIREMENTS (CERTIFICATE OF INSURANCE)

Please read thoroughly

Do you have a current COI?

Can you provide a COI?

Note:

- COI **MUST** meet all requirements (coverage limits and details listed below).
- COI must be provided for **EVERY** participating vendor/exhibitor.

CERTIFICATE HOLDER AND ADDITIONALLY INSURED VERBIAGE MUST MATCH REQUIREMENTS. (SEE COI REQUIREMENTS)

Contact us for questions.

Participating Vendors/ Exhibitors/ Partners:

Approximate No. of staff on-site:

Do you have a Run of Show/ Timeline?

If so, please attach to this form

Additional Needs/ Requests/ Comments:

Please list any needs on property (blocked/ barricaded parking, access to electrical, lighting, reserved parking, security, porters, water, gates, trash bins, overnight details, etc.) *Additional fees apply*

DESIRED LOCATION

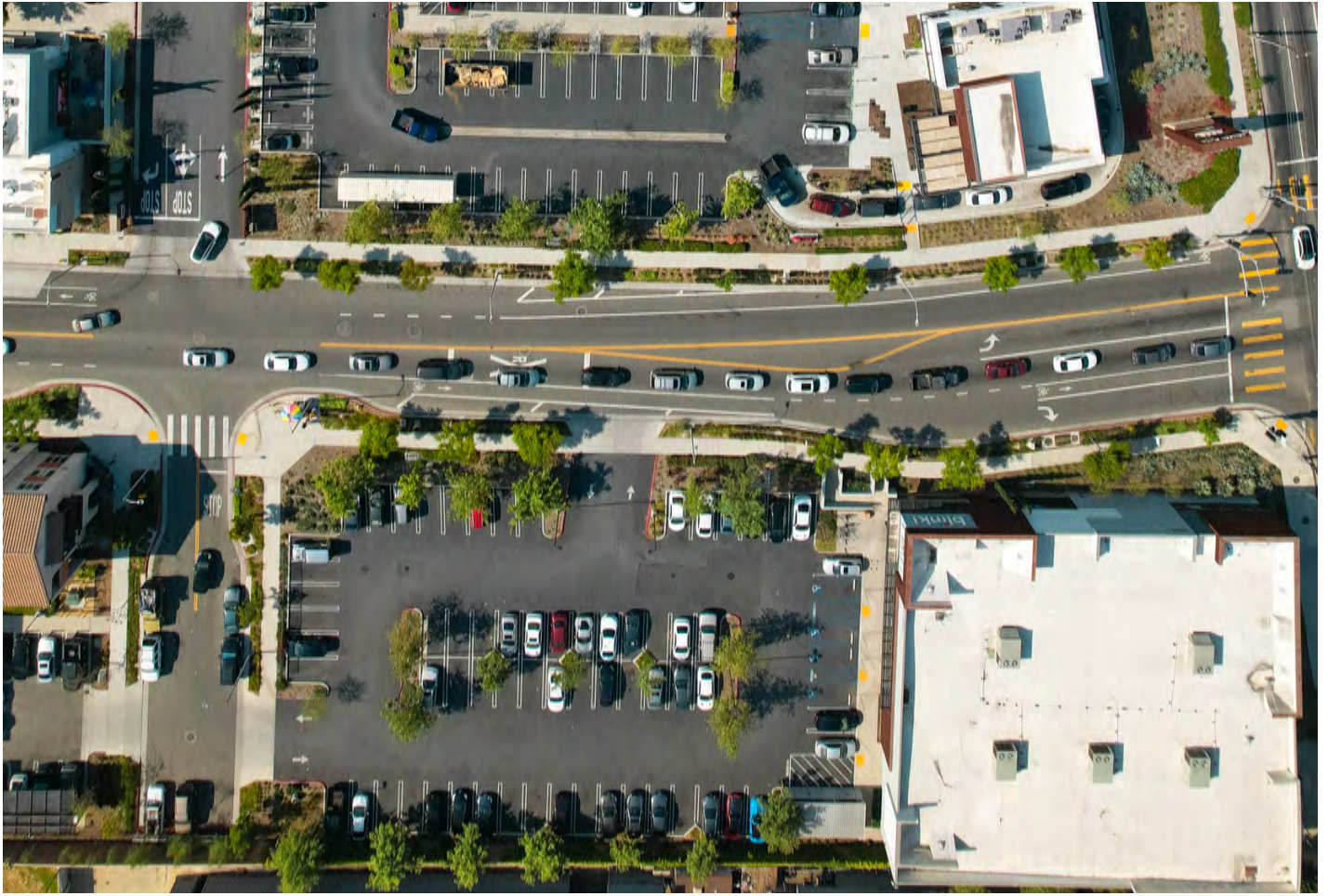
Please highlight and list details of the desired location for event (please use site map/ aerials to detail set-up proposal)

FREEDOM PLAZA



Notes (Please use this to highlight the proposed area for the event along with set-up details – canopies, barricades, traffic flow, etc. Be as thorough as possible.)

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VENDOR INSURANCE REQUIREMENTS

This document provides our general insurance requirements and serves as information only. Contractor, prior to commencement of any Work, shall provide Owner, for itself and all subcontractors, with Certificate(s) of Insurance evidencing the existence of insurance issued by carries, in amounts and on forms acceptable to Owner naming Owner(s) and Agent(s) as additional insured. Insurance shall be written as outlined and for limits not less than the following:

I. CERTIFICATE HOLDER AND ADDRESS

Primestor Jordan Downs, LLC
c/o Primestor Development, LLC
9950 Jefferson Blvd., Building 2
Culver City, CA 90232

II. ADDITIONAL INSURED ENDORSEMENT

Primestor Jordan Downs, LLC, Primestor Development, LLC, Primestor Development, Inc., and all entities controlling, controlled by, or under common control with such entity, together with its respective owners, shareholders, partners, members, divisions, officers, directors, employees, representatives and agents, and its successors and assigns

III. REQUIRED COVERAGE AND LIMITS

- General Liability: \$2,000,000 (or larger as required by project), or current limit carried, whichever is greater, on a per occurrence basis
- Policy must include a separate Additional Insured Endorsement (see Section II above)
 - Endorsement must indicate that it is Primary and Non-Contributory to any coverage available to Additional Insured parties
- Workers' Compensation: Statutory limits set forth by the State in which Work is being provided; if no employees, please provide a statement of such on company stationery
- \$1,000,000 Employer's Liability limit each accident
 - \$1,000,000 each employee
 - \$1,000,000 Disease Policy Limit
 - Policy must include a separate Waiver of Subrogation Endorsement
- Auto Liability: \$1,000,000 including owned, non-owned, hired and scheduled autos
Uninsured and Underinsured Motorist coverage must be included

IV. OTHER PROVISIONS

- Policy number(s) and expiration date(s) must be listed on the certificate and all endorsements.
- Coverage must be placed with insurance companies authorized to do business in the State in which Work is being completed and with a Best's policy holder rating of not less than A- and financial rating of not less than VIII.
- A minimum of 30-day notice is required for cancellation of coverage with endorsement stating that no policy or coverage will be canceled, non-renewed or materially modified without 30 days prior written notice by insurance carrier.
- No policy or policies will provide for a deductible or self-insured retention for any type of coverage in excess of \$10,000 without written approval of Certificate Holder.
- Binders are accepted for 30 days.
- Certificate and documents must be completed in their entirety and signed by authorized representative.
- **ADDITIONAL PROVISIONS MAY APPLY TO COMPLY WITH THE REQUIREMENTS OF THE APPLICABLE CONTRACT.**

V. NOTE TO UNDERWRITER

If the Endorsements cannot be provided immediately, please send a memo stating that they will follow.