



CERTIFICATE OF INSURANCE REQUIREMENTS (FOR TENANTS & SUB-TENANTS)

The following is a schedule of the insurance requirements per your (Tenant's and/or Primary Tenant's) Office Lease. Please review with your insurance carrier.

PLEASE HAVE THE FOLLOWING REFLECTED ON THE CERTIFICATE OF INSURANCE:

COVERAGE REQUIREMENTS & LIMIT OF LIABILITY:

1. GENERAL LIABILITY:

Bodily Injury Liability:	\$2,000,000 each occurrence \$2,000,000 annual aggregate
Personal Injury Liability:	\$2,000,000 each occurrence \$2,000,000 annual aggregate 0% Insured's participation
Property Damage Liability	\$1,000,000 each occurrence \$1,000,000 annual aggregate

2. WORKERS' COMPENSATION:

(Proof of Coverage required)

Pursuant to all applicable state and local statues and regulations (\$1,000,000).

3. ADDITIONAL INSUREDS (Must be reflected on the Certificate of Insurance) :

Topa Management Company (Managing Agent) &
Duesenberg Investment Company (Property Owner)
1800 Avenue of the Stars, Suite 1400
Los Angeles, CA 90067

*Note: Please provide a copy of the Additional Insured Endorsement to the policy.

4. LIST CERTIFICATE HOLDER AS FOLLOWS & MAIL TO:

Topa Management Company
745 Fort Street, Suite 116
Honolulu, Hawaii 96813

NOTE: Please make sure the Producers contact phone number and fax number is listed on the COI.
Certificate(s) may be faxed to our office with original to be mailed. Please contact us if you have any questions. Thank you for your prompt attention to this request.