



## EVENT REQUEST FORM

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

**Submit request to: [olivo@primestor.com](mailto:olivo@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



## EVENT REQUEST FORM

### 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?

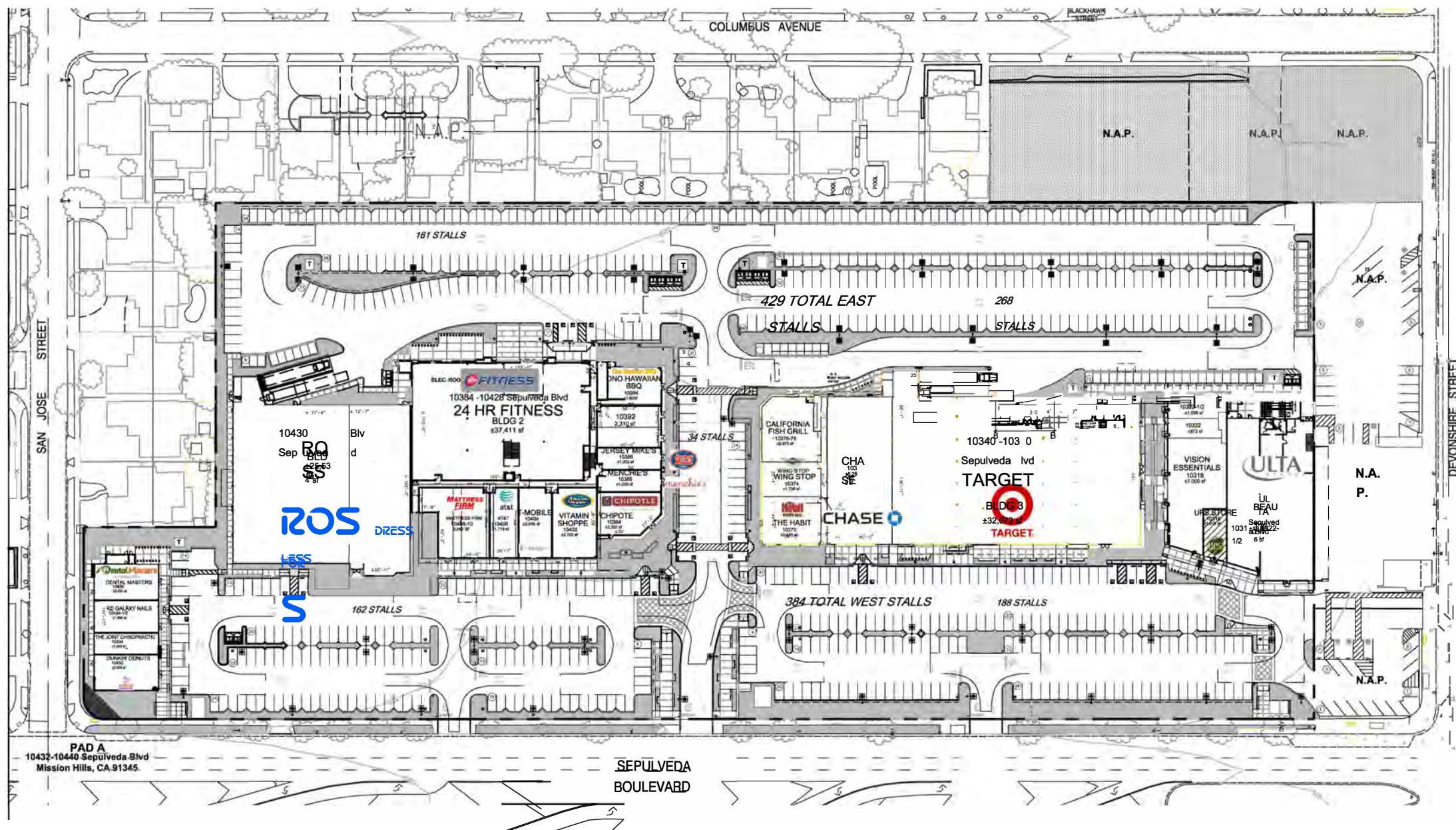
**If so, please attach to this form**

Additional Needs/ Requests/ Comments:

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

**DESIRED LOCATION**

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



at mission hills

**OLIVO**

Prime FRIT/ission Hills, LLC.  
10310 SEPULVEDA BLVD,  
MISSION HILLS, CA 91345

**SITE PLAN**

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.):



## **Insurance Requirements**

This document provides our general insurance requirements and serves as **information only**. Insurance requirements, in all cases, are subject to Lease Agreement and may be found in the lease. **Lease Agreement will be controlling in any event where requirements differ.**

### **Certificate Holder Title**

**Prime/FRIT Mission Hills, LLC  
Federal Realty Investment Trust  
Primestor/FRIT JV, LLC.  
Primestor Development, LLC**

#### **Additional Insured Endorsement/Waiver of Subrogation Language:**

**“Primestor Development, Inc.; PRIME/FRIT Mission Hills, LLC.; Primestor/FRIT JV, LLC.; Federal Realty Investment Trust 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.”**

#### **I. Certificate Holder Address**

**Prime/FRIT Mission Hills, LLC  
Federal Realty Investment Trust  
Primestor Development, LLC**  
9950 Jefferson Blvd.  
Building 2  
Culver City, CA 90232

#### **II. Required Coverage and Limits**

**General Liability: \$2,000,000 (or larger as required by contract),** or current limited carried, whichever is greater, on a per occurrence basis.

- Policy must include a separate Additional Insured Endorsement (see language requirements above).
- Endorsement must indicate that it is Primary and Non-Contributory to any coverage available to Primestor Development, Inc.; PRIME/FRIT Mission Hills, LLC.; Federal Realty Investment Trust
- The endorsement must include the policy number and be signed by an authorized representative of the insurance company.

**Workers' Compensation:** Statutory limits set forth by the State (If no employees, please provide a statement as such on company stationery).

- Policy must include a separate Waiver of Subrogation Endorsement (see language above).
- The endorsement must include the policy number and be signed by an authorized representative of the insurance company.



**Property Insurance:**

- Evidence of perils referred in lease agreement and in an amount equal to not less than 90% of the actual replacement cost.

**Business Interruption Coverage:**

- Evidence of coverage in amount not less than nine months loss of income from Tenant's business in the premises.

**III. Other Provisions**

- Coverage must name the Lessee, all subsidiaries and/or dba's covered by the certificated provided.
- Show complete insurance carrier names and NAIC number as listed in A.M. Best Property & Casualty Guide.
- 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 of California and with a Best's policyholder rating of not less than A- and financial rating of not less than VIII.
- A minimum 30-day notice is required for cancellation of coverage.
- Binders are accepted for 30 days.
- Policy must provide at least 30 days notice of cancellation.
- Certificate and documents must be completed in their entirety and signed by authorized representative.
- ADDITIONAL PROVISION MAY APPLY TO COMPLY WITH THEREQUIRMENTS OF THE APPLICABLE LEASE.

**IV. Note to Underwriter**

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