



# San ALAMEDA

## 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: [alameda@primestor.com](mailto:alameda@primestor.com) or marketing manager**

### 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



# San ALAMEDA

## 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.

Please list all 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**

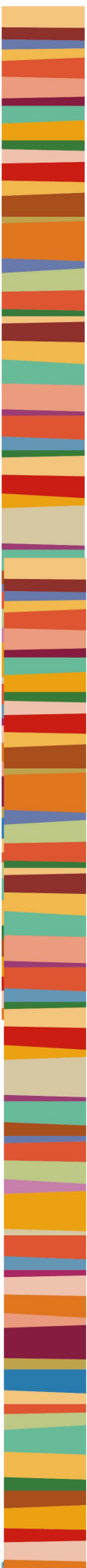
Additional Needs/ Requests/ Comments:

**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). 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)**

# La ALAMEDA



# San ALAMEDA





## Insurance Requirements for General Service Providers

This document provides our general insurance requirements and serves as **information only**.

### I. Certificate Holder Title

La Alameda, LLC  
Florence Roseberry, LLC  
L.A.R.D. Investments, LP  
Primestor Development, Inc.

Additional Insured Endorsement/Waiver of Subrogation Language:

“Primestor Development, LLC; Florence Roseberry, LLC; L.A.R.D. Investments, LP; 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.”

### II. Certificate Holder Address

La Alameda, LLC  
Florence Roseberry, LLC  
L.A.R.D. Investments, LP  
Primestor Development, Inc.  
9950 Jefferson Blvd. Building 2  
Culver City, CA 90232

### III. 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.

- Coverage to be provided on Occurrence Form
- Per Job Aggregate
- “Additional Insured Endorsement (see language requirement above). The endorsement must include “Ongoing and Completed Operations” coverage. 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 stationer

- **Employer’s Liability Limits of \$1,000,000 Ea. Accident/\$1,000,000 Disease Ea. Employee/\$1,000,000 Disease Policy Limit**
- “La Alameda, LLC; Florence Roseberry, LLC; L.A.R.D. Investments, LP; Primestor Development, Inc. ”

**Auto Liability:**

- \$1,000,000, including owned, non-owned, hired and scheduled autos

### IV. Other Provisions

- “La Alameda, LLC; Florence Roseberry, LLC; L.A.R.D. Investments, LP; Primestor Development, Inc.” to be named on a separate **Additional Insured Endorsement (see language required above), for all lines of coverage except Workers’ Compensation.**
- A Primary Wording Clause stating that the additional insured’s insurance is non-contributing with any other insurance **must be added to the Endorsement.**
- “La Alameda, LLC; Florence Roseberry, LLC; L.A.R.D. Investments, LP; Primestor Development, Inc.” **to be named on a separate Waiver of Subrogation Endorsement (see language requirements above) for all lines of coverage, including Workers’ Compensation.**
- Operations and locations should reference, “All operations associated with PRIMESTOR CFIC CG LLC; Panorama Investors, LLC; Primestor Development, Inc. ...”
- Coverage must be placed with insurance companies authorized to do business in the State of California with a Best’s policyholder rating of not less than A- and financial rating of not less than VII.
- A minimum 30-day notice is required for cancellation of coverage, with endorsement stating that No policy or coverage will be cancelled, non-renewed or materially modified without thirty (30) days prior written notice by insurance carrier to Additional Insured
- No Policy or policies will provide for a deductible or self-insured retention for any type of coverage in excess \$10,000.00 without Additional Insured’s written approval.
- Policy numbers(s) and expiration date(s) must be listed on the certificate. Binders are accepted for 30 days.
- Operating and locations should reference, “All operations associated with PRIMESTOR CFIC CG LLC; Panorama Investors, LLC; Primestor Development, Inc. ...”
- **ADDITIONAL PROVISION MAY APPLY TO COMPLY WITH THE REQUIRMENTS OF THE APPLICABLE CONTRACT.**

### V. Note to Underwriter

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

**PRIMESTOR**