



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: olivo@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



at mission hills

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

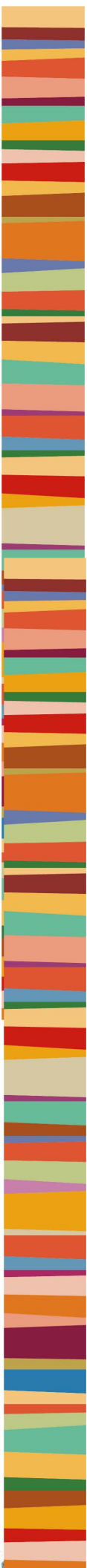
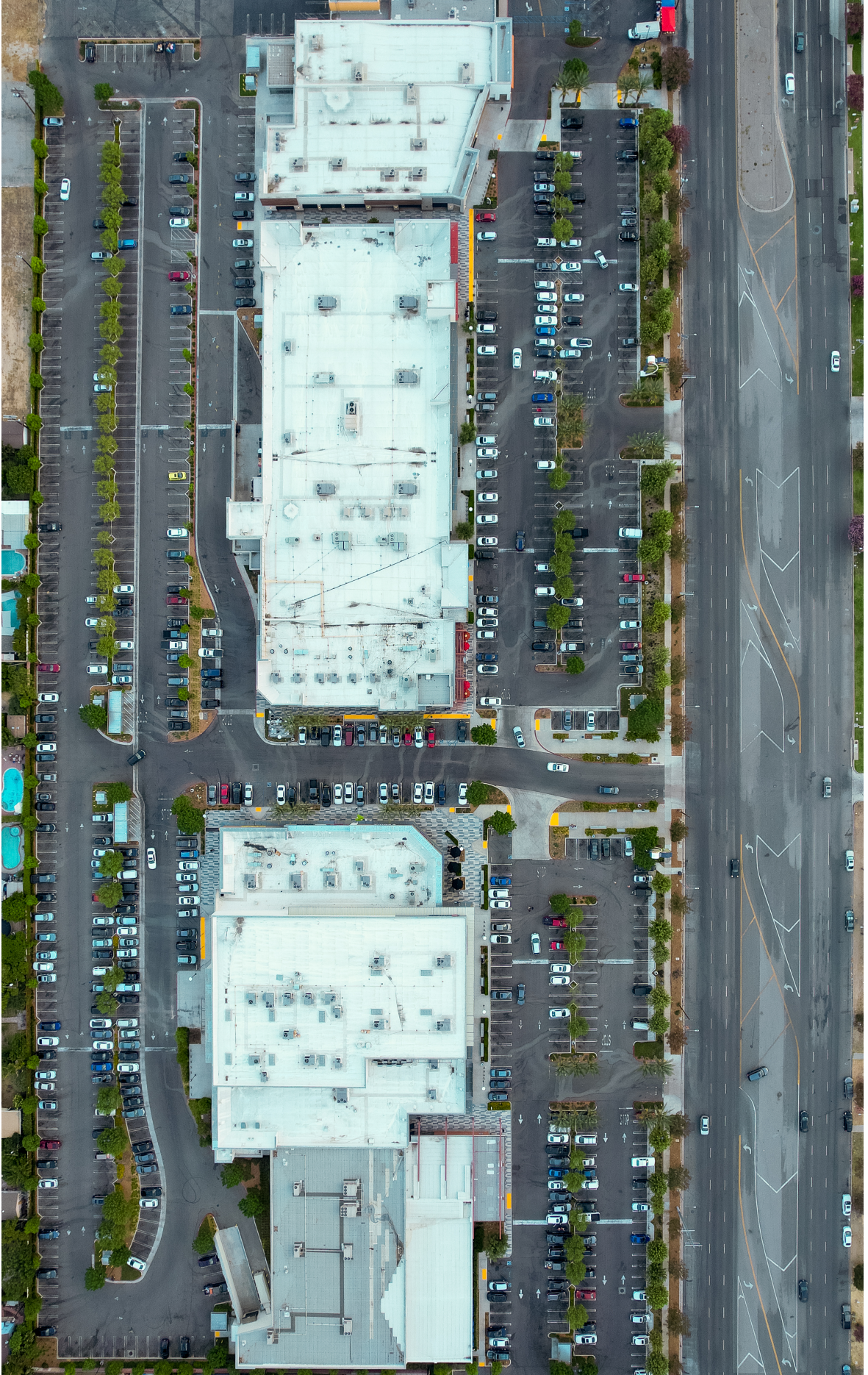
Additional Needs/ Requests/ Comments:

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

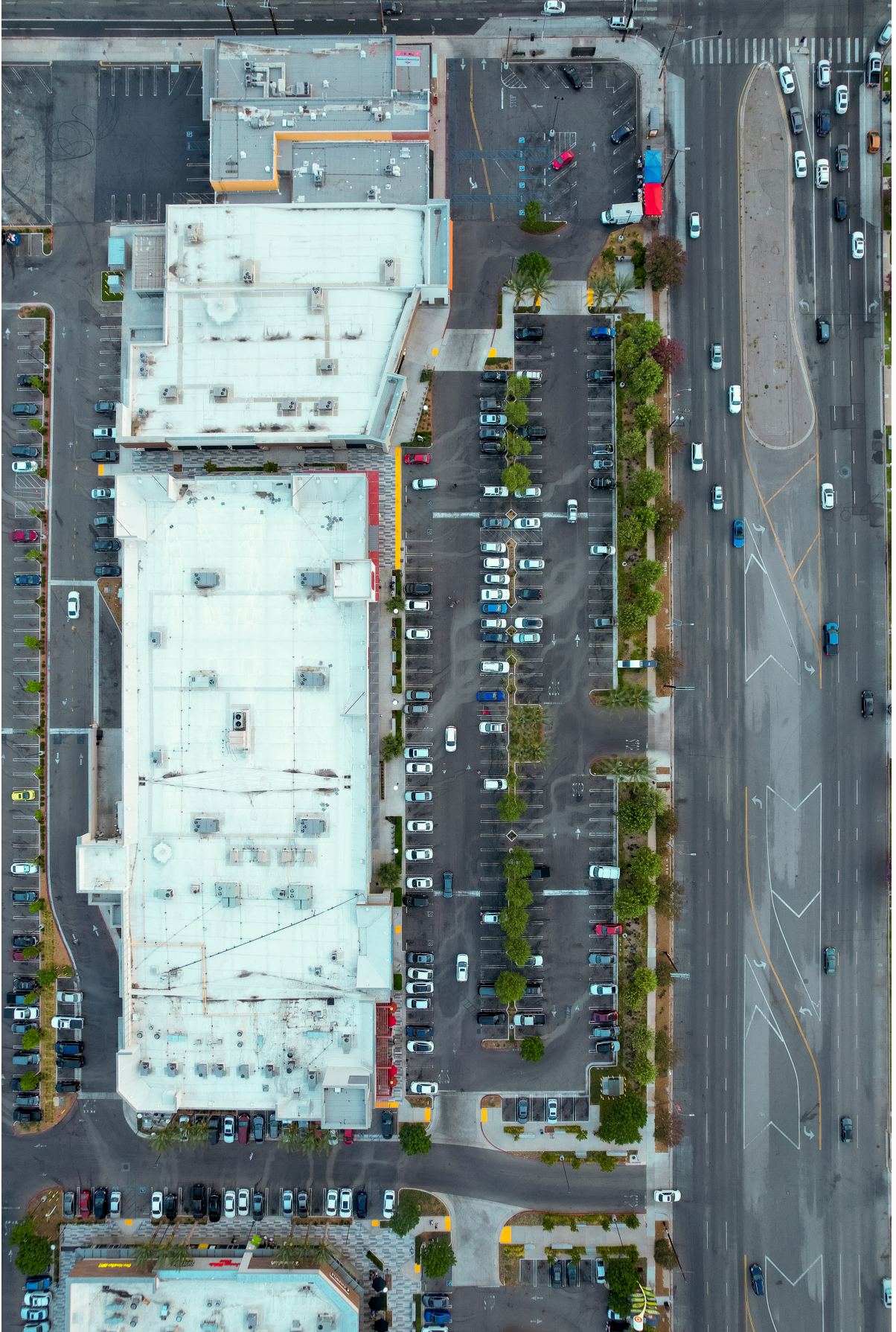
DESIRED LOCATION

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

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Insurance Requirements for General Service Providers

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

I. Certificate Holder Title

Prime/FRIT Mission Hills, LLC
Primestor/FRIT JV, LLC,
Primestor Development, Inc.

Additional Insured Endorsement/Waiver of Subrogation Language:

“Prime/FRIT Mission Hills, LLC; Primestor/FRIT JV, 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.”

II. Certificate Holder Address

Prime/FRIT Mission Hills, LLC
Primestor/FRIT JV, LLC,
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.

- 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).

- **Employer's Liability Limits of \$1,000,000 Ea. Accident/\$1,000,000 Disease Ea. Employee/\$1,000,000 Disease Policy Limit**
- “Prime/FRIT Mission Hills, LLC; Primestor/FRIT JV, LLC; Primestor Development, Inc.”

Auto Liability:

- \$1,000,000 including owned, non-owned, hired and scheduled autos
- Uninsured and Underinsured Motorist coverage must be included

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

IV. 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.**

V. Note to Underwriter

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

PRIMESTOR