



**PROMENADE**  
**Request for Certificate of Insurance**

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**1. INSURANCE:**

- a. Contractor and all of its subcontractors will continuously maintain in force the minimum insurance coverages set forth below (“Required Policies”) during the period beginning on the date Contractor commences service and ending on the last day the Contractor or any of its subcontractors are physically present on the Project:
- (1) Workers’ Compensation Insurance, with statutory coverages and limits, and Employers Liability Insurance with limits of \$500,000 each accident, \$500,000 disease-policy limit, and \$500,000 aggregate disease-per employee;
  - (2) Commercial General Liability insurance on an occurrence-based form with minimum limits of \$1,000,000 each occurrence, \$2,000,000 in the general aggregate, and \$2,000,000 products/completed operations aggregate, containing broad form contractual liability coverage for bodily injury and property damage, and having a General Aggregate Limit endorsement, either for Designated Location(s) (ISO Form CG 25 04, or equivalent) or Designated Construction Project(s) (ISO Form CG 25 03, or equivalent);
  - (3) Excess/Umbrella Liability insurance on an occurrence-based form with minimum limits of \$1,000,000 each occurrence and \$1,000,000 in the general aggregate;
  - (4) Business Automobile Liability insurance covering all owned, hired and non-owned vehicles and equipment used by Contractor, with a minimum combined single limit of liability of \$1,000,000 for injury and/or death and/or property damage (an Umbrella Liability policy can be used to meet the above-required limits);
  - (5) Commercial Property Insurance covering all Contractor’s equipment and other property at the Project, which may be written on the Inland Marine form.
- b. The Required Policies must be issued by carriers having an A.M. Best’s Rating of A- or better, and an A.M. Best’s Financial Size Category of VIII, or better, or Standard & Poor Insurance Solvency Rating A-, or better, and authorized to provide insurance in the state in which the Project is located.

**ADDITIONAL INSURED:** 1230 Peachtree Associates, LLC and Cousins Properties Incorporated and their respective members, principals, beneficiaries, partners, officers, directors, employees, agents, shareholders, and lenders.

**CERTIFICATE HOLDER:** 1230 Peachtree Associates, LLC  
c/o Cousins Properties Incorporated  
1230 Peachtree Street, NE  
Suite G30  
Atlanta, GA 30309

**CANCELLATION:** **Must be 30 days written notice**

Please note that the Certificate of Insurance must be received prior to the commencement of any work.

**Please send a copy via:** email: [SarahSchrampfer@cousinsproperties.com](mailto:SarahSchrampfer@cousinsproperties.com), or  
Fax: 404.607.6797

**Please mail an original to the Certificate Holder address.**