



ATTACHMENT 2 - COI AND ENDORSEMENT SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Any Agency, License #12345678, 123 Any Street, Anytown AA 00000. CONTACT NAME: John Smith, PHONE: (123) 456-7890, FAX: (123) 456-7890, E-MAIL: johnsmith@agent.com, ADDRESS: johnsmith@agent.com, PRODUCER CUSTOMER ID #: 000000000. INSURER(S) AFFORDING COVERAGE: INSURER A: Full Insurance Company Name, INSURER B: (Verified at www.ambest.com), INSURER C, D, E, F.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: GENERAL LIABILITY (Commercial, Claims-Made, Occur), AUTOMOBILE LIABILITY (Any Auto, Scheduled, Hired, Non-owned), UMBRELLA LIAB (Excess, Deductible, Retention), WORKERS COMPENSATION AND EMPLOYERS' LIABILITY.

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: Specify Tenant Name and Address
SEE ATTACHED FOR SPECIFIC VERBIAGE AND ENDORSEMENTS REQUIRED

CERTIFICATE HOLDER: AAT Bel-Spring 520, LLC, c/o American Assets Trust Management, LLC, 15375 SE 30th Avenue, Suite 290, Bellevue, WA 98007. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

COMMENT REMARKS

Any and all operations of the Name Insured. AAT Bel-Springs 520, LLC, American Assets Trust, Inc., American Assets Trust, LP and American Assets Trust Management, LLC are all included as additional insureds per the attached forms CG 2010 0704 and CG 2037 0740. All insurance companies waive their rights of subrogation against all additional insureds. All insurance is provided on a primary and non-contributory basis.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
<p><u>List the below additional insured entities here:</u></p> <ul style="list-style-type: none"> - AAT Bel-Spring 520, LLC - American Assets Trust, Inc. - American Assets Trust, LP - American Assets Trust Management, LLC 	<p style="text-align: center;"><u>BEL-SPRING 520</u> 11808 NORTHUP WAY, BELLEVUE, WA 98005 or 11820 NORTHUP WAY, BELLEVUE, WA 98005</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
<p><u>List the below additional insured entities here:</u></p> <ul style="list-style-type: none"> - AAT Bel-Spring 520 LLC - American Assets Trust, Inc. - American Assets Trust, LP - American Assets Trust Management, LLC 	<p style="text-align: center;"><u>BEL-SPRING 520</u> 11808 NORTHUP WAY, BELLEVUE, WA 98005 or 11820 NORTHUP WAY, BELLEVUE, WA 98005</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

SAMPLE CG 20 10 11 85 FORM
GENERAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS – (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

List the below additional insured entities here:

- AAT Bel-Spring 520, LLC
- American Assets Trust, Inc.
- American Assets Trust, LP
- American Assets Trust Management, LLC

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.