

AMERICAN ASSETS TRUST

RETAIL ■ OFFICE ■ MIXED-USE ■ MULTIFAMILY

SUMMARY OF STANDARD VENDOR INSURANCE REQUIREMENTS

AS OF 07/27/2025

PROPERTY NAME: **TIMBER RIDGE**

PROPERTY ADDRESS: **3001, 3005, 3009 & 3015 112TH AVE NE, BELLEVUE, WA 98004**

This document summarizes our standard vendor insurance requirements, including policy types, coverage limits, a sample Certificate of Liability Insurance (“COI”), and additional insureds endorsements. **Please refer to your executed contract (the “Contract”) with American Assets Trust, Inc. or its affiliates (“AAT”) for the specific insurance requirements applicable to your work or service, as the requirements set forth in the Contract may differ from those summarized below. This summary shall not be deemed part of the Contract and is provided for informational purposes only.**

<u>POLICIES:</u>	<u>LIMITS:</u>
General Liability <ul style="list-style-type: none">• “Occurrence” based only• Limits may be met with Primary and Excess Liability policies• Deductible or Self-Insured Retention may not exceed \$25,000	\$3,000,000 each occurrence \$4,000,000 aggregate
Auto Liability – Owned, Hired and Non-Owned Vehicles	\$1,000,000 combined single limit
Workers’ Compensation Employer’s Liability <ul style="list-style-type: none">• Coverage must be provided on a statutory basis in accordance with the laws of the state with which the work or service is being performed	Statutory Limit \$1,000,000 each accident \$1,000,000 disease-policy \$1,000,000 disease-each employee
Comprehensive Crime (Fidelity Insurance)	\$500,000 per occurrence
Professional Liability <ul style="list-style-type: none">• Only if vendor provides professional services (i.e., architect, engineers, etc.)	\$1,000,000 per occurrence
Cyber Liability <ul style="list-style-type: none">• Only if vendor will have access to Agent/Owner’s information technology systems, network, or systems (IT related jobs)	\$1,000,000 per occurrence

Additional Requirements: Subject to the Contract:

1. COI’s Description of Operations must include: Your Customer’s Name (if applicable), Job Address and Job Description.
2. **Additional Insured Endorsements must accompany the COI for “Ongoing Operations” (ISO CG 20 10) AND “Products-Completed Operations” (ISO CG 20 37); OR “Your Work” (ISO CG 20 10 11 85); OR company equivalent form(s). The COI and endorsements must be received and APPROVED by AAT PRIOR to any work commencing at the property.**
 - a. **Blanket endorsements are acceptable only if you have an executed agreement or contract directly with AAT. If you are a tenant’s vendor and did not execute an agreement with AAT, each endorsement must schedule AAT’s entities as Additional Insureds.**
 - b. Policy numbers must be marked on each endorsement issued.
3. Coverage must be primary, non-contributory and include a waiver of subrogation in favor of AAT. Please provide applicable endorsements.
4. **Certificate Holder(s) and the Names of the Additional Insured entities that must be scheduled are:**

Additional Insured Entities:

AAT CCE III Bellevue, LLC
American Assets Trust, Inc.
American Assets Trust, L.P.
American Assets Trust Management, LLC

Certificate Holder:

AAT CCE III Bellevue, LLC
c/o American Assets Trust Management, LLC
15355 SE 30th Pl, Suite 200
Bellevue, WA 98007

Please submit your COI and endorsements to TRmgmt@americanassets.com. If you have any questions, please contact the Property Management Office at 206-749-5569. Thank you in advance for your cooperation.



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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Your Insurance Agency/Broker Name Street Address or P.O. Box City ST Zipcode	CONTACT NAME: Insurance Broker Name PHONE (A/C. No. Ext): Phone Number FAX (A/C. No): Fax Number E-MAIL ADDRESS: Insurance Broker Email Address																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Name of Insurance Company A</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Name of Insurance Company B</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td>Name of Insurance Company C</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td>Name of Insurance Company D</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td colspan="2">*All Carriers Must be Rated A- VII or Better by A.M.Best</td> </tr> <tr> <td>INSURER F:</td> <td colspan="2"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Name of Insurance Company A		INSURER B:	Name of Insurance Company B		INSURER C:	Name of Insurance Company C		INSURER D:	Name of Insurance Company D		INSURER E:	*All Carriers Must be Rated A- VII or Better by A.M.Best		INSURER F:	
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INSURER F:																					
INSURED Vendor Name Street Address or P.O. Box City ST Zipcode																					

COVERAGES **CERTIFICATE NUMBER: SAMPLE SPECIMEN** **REVISION NUMBER: SAMPLE SPECIMEN**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	Eff date		EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	Eff date		COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	Eff date		EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	Eff date		<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Eff date		EACH OCCURENCE / AGG \$ 1,000,000
F	Crime (Fidelity)	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Eff date		LIMIT / RETENTION \$ 500,000
	Errors & Omissions	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Eff date		LIMIT / RETENTION \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Property Name, Property Address, Job Name

The Certificate Holders are included as additional insured as respects to the General Liability/Umbrella Liability Policies per the attached endorsement. 30 Days written notice of cancellation to the certificate holder per the attached endorsement. Primary and non-contributory apply in favor of the certificate holder per attached endorsement. Waiver of subrogation in favor of the certificate holder.

CERTIFICATE HOLDER**CANCELLATION**

AAT CCE III Bellevue, LLC American Assets Trust, Inc. American Assets Trust, L.P. American Assets Trust Management, LLC	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 Authorized Representative (Producer, Agent or Broker)
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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
AAT CCE III Bellevue, LLC American Assets Trust, Inc. American Assets Trust, L.P. American Assets Trust Management, LLC	Timber Ridge 3001 112th Ave NE, Bellevue, WA 98004 3005 112th Ave NE, Bellevue, WA 98004 3009 112th Ave NE, Bellevue, WA 98004 3015 112th Ave NE, Bellevue, WA 98004
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable limits of insurance;
- whichever is less.

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
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
AAT CCE III Bellevue, LLC American Assets Trust, Inc. American Assets Trust, L.P. American Assets Trust Management, LLC	Timber Ridge 3001 112th Ave NE, Bellevue, WA 98004 3005 112th Ave NE, Bellevue, WA 98004 3009 112th Ave NE, Bellevue, WA 98004 3015 112th Ave NE, Bellevue, WA 98004

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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" 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".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable limits of insurance;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ELECTRONIC DATA LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
- POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

<p>Name Of Person(s) Or Organization(s): AAT CCE III Bellevue, LLC, American Assets Trust, Inc., American Assets Trust, L.P., American Assets Trust Management, LLC</p> <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV - Conditions:**

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.