SUMMARY OF STANDARD VENDOR INSURANCE REQUIREMENTS

PROPERTY NAME: **TIMBER SPRINGS** (BEL-SPRING 520)
PROPERTY ADDRESS: 11808 & 11820 NORTHUP WAY, BELLEVUE, WA 98005

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.**

POLICIES:	**LIMITS:**
General Liability • "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** • 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 • Only if vendor provides professional services (i.e., architect, engineers, etc.)	$1,000,000 per occurrence
Cyber Liability • 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:	Certificate Holder:
AAT Bel-Spring 520, LLC	AAT Bel-Spring 520, LLC
American Assets Trust, Inc.	c/o American Assets Trust Management, LLC
American Assets Trust, L.P.	15355 SE 30th Place, Suite 200
American Assets Trust Management, LLC	Bellevue, WA 98007

Please submit your COI and endorsements to belspringmgmt@americanassets.com. If you have any questions, please contact the Property Management Office at (425) 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	CONTACT NAME: Insurance Broker Name
Your Insurance Agency/Broker Name Street Address or P.O. Box City ST Zipcode	PHONE (A/C, No, Ext): Phone Number FAX (A/C, No): Fax Number E-MAIL ADDRESS: Insurance Broker Email Address
INSURED Vendor Name Street Address or P.O. Box City ST Zipcode	**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 :

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** [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC	X	X	Policy Number	Eff date		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Deductible	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	**AUTOMOBILE LIABILITY** [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	X	X	Policy Number	Eff date		COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ $ $ $
C	[X] **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	X	X	Policy Number	Eff date		EACH OCCURRENCE AGGREGATE 	$ 2,000,000 $ 2,000,000 $
D	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y / N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	Policy Number	Eff date		[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
E F	Cyber Liability Crime (Fidelity) Errors & Omissions			Policy Number Policy Number Policy Number	Eff date Eff date Eff date		EACH OCCURENCE / AGG LIMIT / RETENTION LIMIT / RETENTION	$ 1,000,000 $ 500,000 $ 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

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

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

Authorized Representative (Producer, Agent or Broker)

POLICY NUMBER: **COMMERCIAL GENERAL LIABILITY**
CG 20 10 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

Thi en or emen mo ifie in urance provi e un er he following

OMMER IAL GENERAL LIABILITY OVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
AAT Bel-Spring 520, LLC American Assets Trust, Inc. American Assets Trust, L.P. American Assets Trust Management, LLC	Bel-Spring 520 11808 Northup Way, Bellevue, WA 98005 11820 Northup Way, Bellevue, WA 98005
Informa ion require o comple e hi Sche ule, if no hown above, will be hown in he eclara ion .	

A. Sec ion II - Who I An In ure i amen e o inclu e a an a i ional in ure he per on( ) or organiza ion( ) hown in he Sche ule, bu only wi h re pec o liabili y for "bo ily injury", "proper y amage" or "per onal an a ver i ing injury" cau e , in whole or in par , by

1. Your ac or omi ion ; or

2. The ac or omi ion of ho e ac ing on your behalf;

in he performance of your ongoing opera ion for he a i ional in ure ( ) a he loca ion( ) e igna e above.

However

1. The in urance affor e o uch a i ional in ure only applie o he ex en permi e by law; an

2. If coverage provi e o he a i ional in ure i require by a con rac or agreemen , he in urance affor e o uch a i ional in ure will no be broa er han ha which you are require by he con rac or agreemen o provi e for uch a i ional in ure .

B. Wi h re pec o he in urance affor e o he e a i ional in ure , he following a i ional exclu ion apply

Thi in urance oe no apply o "bo ily injury" or "proper y amage" occurring af er

1. All work, inclu ing ma erial , par or equipmen furni he in connec ion wi h uch work, on he projec (o her han ervice, main enance or repair) o be performe by or on behalf of he a i ional in ure ( ) a he loca ion of he covere opera ion ha been comple e ; or

2. Tha por ion of "your work" ou of which he injury or amage ari e ha been pu o i in en e u e by any per on or organiza ion o her han ano her con rac or or ubcon rac or engage in performing opera ion for a principal a a par of he ame projec .

. Wi h re pec o he in urance affor e o he e a i ional in ure , he following i a e o Sec ion III - Limi Of Insurance:

If coverage provided o he a i ional in ure i require by a con rac or agreemen , he mo we will pay on behalf of he additional insured is he amoun of in urance

1. Required by the con rac or agreemen ; or

2. Available under he applicable limi of in urance;

whichever is less.

POLICY NUMBER: **COMMERCIAL GENERAL LIABILITY**
CG 20 37 12 19

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 Bel-Spring 520, LLC American Assets Trust, Inc. American Assets Trust, L.P. American Assets Trust Management, LLC	Bel-Spring 520 11808 Northup Way, Bellevue, WA 98005 11820 Northup Way, Bellevue, WA 98005
Informa ion require o comp e e hi Sche u e, if no hown above, wi be hown in he ec ara ion .	

A. Sec ion II - Who I An In ure i amen e o inc u e a an a i iona in ure he per on( ) or organiza ion( ) hown in he Sche u e, bu on y wi h re pec o iabi i y for "bo i y injury" or "proper y amage" cau e , in who e or in par , by "your work" a he oca ion e igna e an e cribe in he Sche u e of hi en or emen performe for ha a i iona in ure an inc u e in he "pro uc -comp e e opera ion hazar ".

However

1. The in urance affor e o uch a i iona in ure on y app ie o he ex en permi e by aw; an

2. If coverage provi e o he a i iona in ure i require by a con rac or agreemen , he in urance affor e o uch additional insured will not be broader than that which you are required by he con rac or agreemen o provi e for uch additional insured.

B. With respect to the insurance afforded to these additional insureds, the fo owing i a e o Sec ion III - Limi Of Insurance:

If coverage provided to the additional insured is required by a contract or agreemen , he mo we wi pay on beha f of he 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.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 12 19

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

Name Of Person(s) Or Organization(s): AAT Bel-Spring 520, LLC, American Assets Trust, Inc., American Assets Trust, L.P., American Assets Trust Management, LLC
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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.

