

TENANT INSURANCE REQUIREMENTS

- I. Tenant shall provide the following minimum insurance coverage:
- A. **Commercial General Liability:**
Combined Single Limit - \$2,000,000 per occurrence and \$5,000,000 annual aggregate per location.
Shall include coverage for personal liability, contractual liability, tenant's legal liability, bodily injury, death and property damage, all on an occurrence basis with respect to the business carried on, in or from the Premises and Tenant's use and occupancy of the Premises.
 - B. **Property Insurance:**
All-risk, physical damage insurance including fire, sprinkler leakage, vandalism and extended coverage for the full replacement cost of all Landlord's Work, Alterations, and all other additions, improvements and alterations to the Premises (providing that Landlord is an additional named insured as its interest may appear) and of all office furniture, trade fixtures, medical appliances, office equipment, merchandise and all other items of Tenant's property on the premises
 - C. **Workers' Compensation:**
Not less than \$1,000,000, in accordance with the laws of the state where the building is located.
 - D. **Business income with extra expense insurance**
ISO form CP 00 30 or equivalent acceptable to Landlord
 - E. **Medical Professional Liability Insurance:**
Combined Single Limit - \$1,000,000 per occurrence and \$3,000,000 annual aggregate per location. Coverage for professional services provided to patients, provided that, if the professional liability policy is combined with the commercial general liability policy then the combined limits shall be as required for such general liability policy above, plus \$1,000,000.
 - F. Such other insurance or coverage as Landlord reasonably requests
- II. Policies shall include the following **as additional insured**, including their officers, directors, employees, shareholders, partners, joint venturers, affiliates, successors, and assigns. A GL-2010 Endorsement shall be utilized for the policy(ies) described in Section I.A. above. Please note that the spelling of these parties must be exactly correct.
- 1. **CMK2 North Central I, LLC and CMK2 North Central II, LLC**
 - 2. **Remedy Medical Properties, Inc.**
- III. Tenant waives any and all rights of subrogation against the parties identified above in Paragraph II above as additional insureds.
- IV. All policies will be written by companies licensed to do business in the State of Texas and which have a rating by Best's Key Rating Guide not less than "A-/XII".
- V. Tenant shall furnish to the Owner or Agent Certificates of Insurance evidencing the above coverage. **Remedy Medical Properties, Inc. shall be the certificate holder.** At Owner's request, Tenant shall promptly deliver copies of any insurance policies required to be maintained by Tenant under their lease agreement.
- VI. Certificates of Insurance required under this Agreement shall contain the following words verbatim:
- "It is agreed that this insurance will not be canceled, not renewed or the limits of coverage in any way reduced without at least thirty (30) day's advance written notice ten (10) days for non-payment of premium) sent by certified mail, return receipt requested to:

Remedy Medical Properties, Inc.
9301 N. Central Expressway, Suite 580
Dallas, TX 75231
Attn: Rhonda Pittman
rpittman@remedymed.com