

808 Travis, Suite 102, Houston, TX 77002 ***** 713-224-1663 ***** Fax 713-224-0510 cameronmanagement.com

CONFIDENTIAL TENANT INFORMATION

(To Be Filled Out by Tenant and Returned to Management Office)

TENANT:	
SUITE:	
CONTACT PERSON:	
WORK TELEPHONE	#:
FAX#	
CONTACT E-MAIL A	DDRESS:
contacts along with photo CONTACT NAME & PI	ONE:
CONTACT NAME & PI	ONE:
CONTACT NAME & PI	IONE:
NUMBER OF KEYS N	EEDED: Office Keys Mail Box Keys Restroom Keys: Male Female:
entries and elevators after employees who require to list. Please note that it is employee changes in ord	CARDS: This security card will grant access to the Building r business hours from 6 pm to 6 am. Please list below those hese cards. If you require more access cards, please type separate the responsibility of the tenant to notify Management of any er to deactivate or reassign access cards. 7.)
2.)	8.)
3.)	9.)
4.)	10.)
5.)	11.)
6)	12)

TENANT CERTIFICATE OF INSURANCE: Before moving in, please furnish the Management Office with your Certificate of Insurance, as required in the insurance section of your lease. This policy should name as Certificate Holder and Additional Insured in favor of CCM-Cameron Esperson Owner, L.P. (Owner) and its partners, affiliates, employees, contractors and agents, including without limitation, Cameron Interests Limited Partnership, (Administrative Managing Member).

TENANT CERTIFICATE OF OCCUPANCY: New Tenants should apply for a Certificate of Occupancy for their space. If there is a current Certificate of Occupancy and no alterations to the space have occurred, the new tenant will only need to do a Name Change on the current certificate (which still requires an inspection). Please provide Management Office a copy of the Certificate of Occupancy and post original in space. **City of Houston Permitting Office: 832-394-9000**

DESIGNATED CERTIFIED FIRE WARDEN(s) FOR YOUR OFFICE:*
*Each tenant must provide (1) Certified Fire Warden for every 7,500 Sq. Ft. of space or less. If you or others in your office are a Certified Fire Warden, please send a copy of your certificate(s) to our office. Certificates are good for five years. If you do not have a fire warden assigned, please contact Kathy Gonzalez at 713-224-1663 so that she can register you in an available certification class.
MOVERS: (Where applicable) MOVERS CERTIFICATE OF INSURANCE: Fax to 713-224-0510 or mail to us at 808 Travis, Suite 102, Houston, Texas 77002 prior to move in. MOVE IN DATE:
$TENANT\ GRAPHICS$ (Please fill in the below requested information and return to management office)
SUITE ENTRY PLAQUE (Up to 3 lines) SUITE #
LOBBY DIRECTORY BOARD

IMPORTANT NUMBERS

PARKING MANAGEMENT

Platinum Parking
Jacquelyn Contreras (Facilities Manager)
jcontreras@platinumparking.us
713.227.6925

BUILDING SECURITY

Allied Universal Security Harold Robinson, Jr. (Supervisor) 346.453.5597 After Hours: 713-224-1663

SETTING UP UTILITIES:

LOGIX	713-862-2000	.Internet & Phone
COGENT	415-836-6795	.High Bandwidth Internet
PHONOSCOPE	713-272-4600	.Cable & Internet
AT&T	att.com	General Phone & Data

IF YOU HAVE ANY QUESTIONS CONCERNING THESE INFORMATION REQUESTS, PLEASE CALL KATHY GONZALEZ AT 713-224-1663. THANK YOU!



BUILDING REQUIREMENTS FOR MOVERS

- 1. Management Office must be notified five (5) working days prior to move.
- 2. Movers are only allowed to use the one elevator that is padded.
- 3. Floor coverings must be placed on floor in all common areas to prevent damage.
- 4. All moves must be made during non-business hours (after 6:00 p.m. on weekdays or anytime on weekends).
- 5. Please provide a current Certificate of Insurance for our records, which should contain the following:

A. Coverages:

Commercial General Liability For bodily injury liability and property damage

liability with limits of \$1,000,000 per occurrence and \$2,000,000 in the aggregate. Additionally include: \$2,000,000 for products & completed operations aggregate; \$1,000,000 for personal & advertising injury; \$50,000 fire damage to rented premises; and \$10,000 for

medical expense.

Worker's Compensation In accordance with the laws of the state in which

the building is located. Employer's Liability Coverage: \$1,000,000 for each accident;

\$1,000,000 for disease (policy limit); \$1,000,000

for disease (each employee).

Business Auto Covering owned, hired and non-owned vehicles

with limits of \$1,000,000 each accident.

Excess Liability Umbrella insurance with limits of \$5,000,000

each occurrence and aggregate

<u>Builder's Risk / Installation Floater</u> For physical loss or damage due to work

performed pursuant to this Agreement.

<u>Fidelity Bonds or Crime Insurance Policy</u> Includes employee dishonesty coverage, with

limits in an amount of not less than \$1,000,000 for all employees of vendor or contractor who work on-site at Esperson. Said policy may be a blanket policy covering all employees of vendor or contractor. This policy should include

coverage for third party claims.

Note: All liability insurance maintained by vendor or contractor shall be primary, non-contributory, and not excess over any liability insurance maintained by Owner or Manager.

B. Certificate Holder: SVEA-Cameron Esperson Owner, L.P.

808 Travis Street, Suite 102

Houston, TX 77002

C. Additional Insured:

Please name the following as additional insured:

- Cameron Interests Limited Partnership 808 Travis Street, Suite 102, Houston, TX 77002
- For all insurance coverage, there must be a Waiver of Subrogation statement.

D. Insurer Qualifications:

• The insurer must be licensed or authorized to do business in the State of Texas with a rating by Best's Insurance Rating Guide of at least A:X.

E. Other Requirements: Cancellation: 30 days advance written notice.