350 California
350 California Street
San Francisco, CA 94104

350 California Tenant Packet

WELCOME TO 350 California, WE APPRECIATE YOUR TENANCY!

Building Business Hours:

- The 350 California Building is open to the public from 8am-6pm.

The Building Management Office is open for business M–F, 8am-5pm. Location & contact information:

- 220 Montgomery Street, Suite 116, San Francisco, CA 94104
- 415-421-1444 or 350CalManagement@swigco.com

Building Management Staff includes:

- Senior Property Manager, Joe Rosenmayer
- Property Manager, Siobhan Vignoles
- Property Manager, Marlene Yee
- Property and Leasing Administrator, Lily Huang
- Accounting Administrator, Ken King
- Tenant Services Coordinator, Tony Nguyen

Building Staff includes:

- Chief Engineer, Mike Keller
- Security Supervisor, Amanda Molex

For your move-in, please provide the necessary paperwork and allow us to assist in your plans. We require the first three items prior to your move-in*.

1. *Provide Tenant Certificate of Insurance (COI): Please refer to your Lease for the required coverage. Your tenant COI must be approved before your move-in date.
2. *Provide Vendor COIs: Any vendors performing work in the Building (including movers) must have their COI approved by Building Management. Review Moving Guidelines and Recommended Movers for movers with whom we already have insurance. To schedule your move, provide date, start time and estimated length of move so we can schedule with security.
3. *Fill out forms and return to the Building Management Office before you move in: Tenant Contact Information Sheet and Signage Request Form.
4. Send a list of all employees for access cards.
5. Contact the Building's riser management company, Montgomery Technologies to coordinate with your telephone service provider for voice & data circuitry and access into the Building. Montgomery Technologies can be reached at 844-824-0100.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) xx/xx/xxxx

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 have ADDITIONAL INSURED provisions or 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:	
Broker/Agent Name & Address Here	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : xxx	
INSURED	INSURER B : xxx	
(Tenant) Company Name & Address Here	INSURER C : xxx	
	INSURER D : xxx	
	INSURER E :	
	INSURER 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	Policy # xxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000 $
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			Policy # xxx	xx/xx/xxxx	xx/xx/xxxx	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 [X] RETENTION $			Policy # xxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	Policy # xxx	xx/xx/xxxx	xx/xx/xxxx	[X] PER STATUTE [ ] 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
B B	Bus. Inc./Extra Exp Pers. Prop - Blanket			Policy # xxx Policy # xxx	xx/xx/xxxx xx/xx/xxxx	xx/xx/xxxx xx/xx/xxxx	ALS / Special Form RC / Special Form	12 months $xxx,xxx

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

Certificate Holders are named as Additional Insureds as respect to liability on a primary basis as Landlord per ISO Additional Insured Endorsement CG 20 11 or equivalent. RE: 350 California Street, San Francisco, CA 94104.

(See Attached Descriptions)

A waiver of subrogation applies under general liability and worker's compensation in favor of the certificate holder when required by contract.

CERTIFICATE HOLDER

350 Cal Owner, LLC and The Swig Company, LLC
220 Montgomery St, Ste 950
San Francisco, CA 94104

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

xxx

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

1. Designation of Premises (Part Leased to You): 350 California Street
San Francisco, CA 94104

2. **Name of Person or Organization (Additional Insured):** 350 Cal Owner, LLC and The Swig Company, LLC
220 Montgomery St, Ste 950
San Francisco, CA 94104

(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 the ownership, maintenance or use of that part of the premisis leased to you and shown in the Schedule and subject to the following additional exclusions.

This insurance does not apply to:
1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

Sample

 Copyright, Insurance Services Office Inc., 1984

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
xx/xx/xxxx

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PRODUCER	CONTACT NAME:	
Broker/Agent Name & Address Here	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : xxx	
INSURED	INSURER B : xxx	
(Vendor) Company Name & Address Here	INSURER C : xxx	
	INSURER D : xxx	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	Policy # xxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000 $
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			Policy # xxx	xx/xx/xxxx	xx/xx/xxxx	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 [X] RETENTION $			Policy # xxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	Policy # xxx	xx/xx/xxxx	xx/xx/xxxx	[X] PER STATUTE [ ] 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
	OTHER							

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

Certificate Holders are named as Additional Insureds as respect to liability arising out of the Named Insureds operations on a primary basis at per ISO Additional Insured Endorsement CG 20 26 or equivalent.
RE: 350 California Street, San Francisco, CA 94104

(See Attached Descriptions)

A waiver of subrogation applies under general liability and worker's compensation in favor of the certificate holder when required by contract.

CERTIFICATE HOLDER

350 Cal Owner, LLC and The Swig Company, LLC
220 Montgomery St, Ste 950
San Francisco, CA 94104

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

xxx

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DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTIONS (Continued from Page 1)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

350 Cal Owner, LLC and The Swig Company, LLC
220 Montgomery St, Ste 950
San Francisco, CA 94104

(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 as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

Sample

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THE SWIG COMPANY

350 California
350 California Street
San Francisco, CA 94104

Tenant Contact Information Sheet

DATE:_____ BUILDING ADDRESS:_____ SUITE #:_____

MASTER LEASE HOLDER NAME:_____

BUSINESS NAME:_____ PHONE NUMBER:_____

Day contacts receive all email/memo correspondence from property management. Emergency contact must have at least a cell number provided.

PRIMARY DAY CONTACT

NAME:_____

WORK#:_____

HOME#: _____

CELL#:_____

EMAIL:_____

☐ CHECK IF ALSO EMERGENCY CONTACT

ADDITIONAL DAY CONTACT

NAME:_____

WORK#:_____

HOME#: _____

CELL#:_____

EMAIL:_____

☐ CHECK IF ALSO EMERGENCY CONTACT

ADDITIONAL CONTACT (check type)

☐ DAY CONTACT
☐ EMERGENCY/AFTER HOURS CONTACT

NAME:_____

WORK#:_____

HOME#: _____

CELL#:_____

EMAIL:_____

ADDITIONAL CONTACT (check type)

☐ DAY CONTACT
☐ EMERGENCY/AFTER HOURS CONTACT

NAME:_____

WORK#:_____

HOME#: _____

CELL#:_____

EMAIL:_____

ADDITIONAL CONTACT (check type)

☐ DAY CONTACT
☐ EMERGENCY/AFTER HOURS CONTACT

NAME:_____

WORK#:_____

HOME#: _____

CELL#:_____

EMAIL:_____

ADDITIONAL CONTACT (check type)

☐ DAY CONTACT
☐ EMERGENCY/AFTER HOURS CONTACT

NAME:_____

WORK#:_____

HOME#: _____

CELL#:_____

EMAIL:_____

THE SWIG COMPANY
350 California
350 California Street
San Francisco, CA 94104

Tenant Contact Information Sheet

MASTER LEASE HOLDER NAME:_____

BUSINESS NAME:_____

BUILDING ADDRESS:_____ SUITE #:_____

COMPLETED BY:_____ DATE:_____

Please enter individuals authorized by you (tenant) and check the appropriate boxes for them to be allowed to approve cost-related services (i.e.; access cards, keys. signage), removal of property from Building, and/or for employees to be let into suite in case of lockout.

NAME (Print Clearly)	Access Card Request	Key Request	Property Removal Pass	Suite Lockout	Signage	Sundry over $100

THE SWIG COMPANY
350 California
350 California Street
San Francisco, CA 94104

Signage Request Form – 350 California

Email completed form to the Property Management Office at:
350CalManagement@swigco.com.

Time frame is approximately 3 weeks for set-up and installation. Please print legibly, include all punctuation, and check spelling carefully. For sub-tenant signage, a signed sublease amendment is required. Charges may apply after initial signage. Contact Building Office for rates.

COMPANY NAME (as stated on lease): _____ **SUITE:** _____

CONTACT PERSON:_____ **DATE:**_____

CONTACT EMAIL (required):_____ **PHONE (required):**_____

SUITE SIGNAGE: Posted outside suite in Building Standard sign frame.

	Suite Number

FLOOR DIRECTORY: Contact Building Office for locations pertinent to your floor.

	Suite Number

A proof will be sent to you for approval. Signage will not be ordered until approved proof is provided by Tenant. Building Standard dictates that Directory Names be listed by last name first for individuals. Subtenant names, if applicable, are indented directly under main tenant.

THE SWIG COMPANY
350 California
350 California Street
San Francisco, CA 94104

Moving Vendors

The following vendors are familiar with 350 California moving procedures and have current certificates of insurance on file:

Galindos Moving Services
Contact: Cedric Rucker
Phone: (415) 850-9475

Service West
Contact: Ruben DeLeon
Phone: (510) 774-5146

A1 Modular
Contact: Jose Ramirez
Phone: (408) 398-8808