



11720 Katy Freeway  
Suite 400  
Houston, Texas 77079  
Phone: 713-231-1582  
ann.morgan@transwestern.com

Dear Tenant,

According to the terms of your lease, you are required to supply evidence of current insurance coverage. This certificate needs to be updated on a yearly basis. General liability must afford minimum protection of no less than required by your lease. ***Please refer to the insurance section of your lease for the insurance requirements per your lease.***

You may forward this letter to your insurance carrier as it shows the wording that is required to be on the certificate and tends to promote prompt and accurate results.

We appreciate having you as a tenant and thank you for your immediate attention regarding this matter. Please feel free to contact me should you have any questions or concerns. You may also have your insurance company contact me with any questions.

**PLEASE HAVE INSURANCE CERTIFICATES SENT TO THE FOLLOWING ADDRESS:**

Maritime Association I.L.A.  
Pension Fund c/o Transwestern  
11720 Katy Freeway  
Suite 400  
Houston, Texas 77079

**Additional Insured should read:**

Re: Location 11550 Fuqua (your suite number), Houston, Texas

Board of Trustees of the Maritime Association - I.L.A. Pension Fund and Transwestern Property Company SW GP, L.L.C. d/b/a Transwestern are additional insured

Respectfully,

**Ann Morgan**  
Property Manager  
Healthcare Services

**TRANSWESTERN**  
11720 Katy Freeway, Suite 400  
Houston, Texas 77079  
Direct: 713.231.1582  
[transwestern.com/healthcare](http://transwestern.com/healthcare)

A. Please make sure the ADDL INSD boxes are checked:

INSR LTR	TYPE OF INSURANCE				ADDL INSD
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			Y
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR	
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/>	POLICY	<input checked="" type="checkbox"/>	PRO-JECT	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	LOC			
	OTHER:				
A	AUTOMOBILE LIABILITY				Y
	<input checked="" type="checkbox"/>	ANY AUTO			
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS ONLY	
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY	<input checked="" type="checkbox"/>		
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$	10,000

B. The Certificate Holder reads:

**CERTIFICATE HOLDER**

Maritime Association - I.L.A. Pension Fund  
c/o Transwestern  
11720 Katy Freeway, Suite 400  
Houston TX 77079

C. The Description Box contains the ADDITIONAL INSURED LANGUAGE and the address/location – 11550 Fuqua, suite #, Houston, Texas.

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

Board of Trustees of the Maritime Association- I.L.A. Pension Fund, Transwestern Property Company SW GP, LLC dba Transwestern are named additional insured.

