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## INSURANCE REQUIREMENTS: CERTIFICATES OF INSURANCE

*Instruction for Prospective Contractor/Vendor*

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### INSTRUCTIONS:

La Quinta Resort & Club®

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#### **Section 1: Producer**

Under the Producer Section, the insuring agency, address, and contact information should be provided.

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#### **Section 2: Insured**

Under the Insured Section, the vendor/contractor's company name and address should be provided.

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#### **Section 3: Coverage**

Depending on the type of work/service to be provided, the contract will dictate the insurance requirements.

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#### **Section 4: Producer**

Under the Description of Operations/Locations/etc. section, the following clause must be included:

**Pyramid LQR Management L.P, HP LQ Investment LP, La Quinta Resort & Club, their subsidiaries and affiliates, and each of their employees, directors and agents are included as additional insured.**

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#### **Section 5: Certificate Holders**

The following names must be listed as Certificate Holders:

**NOTE: ALL NAMES MUST BE LISTED ON CERTIFICATE**

Name One: **Pyramid LQR Management L.P.**

Name Two: **HP LQ Investment LP**

Name Three: **La Quinta Resort & Club  
49499 Eisenhower Drive  
La Quinta, CA 92253**

**[SECTION END]**

# ACORD <sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/1/2014 12:03:57 PM

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	MARSH USA, INC. 1166 AVENUE OF THE AMERICAS NEW YORK NY 10036	Contact Name:	
		Phone No:	Fax No: 704-731-1209
		Producer Email:	
		Producer Customer No:	
INSURED	<b>Company Name</b>  <b>Address</b>	INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: New Hampshire Ins. Co.	
		INSURER B: Insurance Co. of the State PA	
		INSURER C: ACE American Insurance Company	
		INSURER D: Navigators Insurance Company	
		INSURER E: National Union Fire Ins Co of Pittsburgh	
		INSURER F: Commerce & Industry Insurance Company	

## COVERAGES

CERTIFICATE NUMBER: 82951

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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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
F	<input checked="" type="checkbox"/> GENERAL LIABILITY			GL 6	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 20,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 5,000,000
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			CA 22	1/1/2014	1/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input type="checkbox"/> ANY AUTO			CA 22			BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS			CA 22			BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XOO	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 25,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 25,000,000
A	DEDUCTION						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				1/1/2014	1/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A			049: 049: 049: (ND, IL, K 049: 049: 049:			E.L. EACH ACCIDENT \$ 2,000,000
B	Mandatory in NH?						E.L. DISEASE - EA \$ 2,000,000
	If yes describe under SPECIAL PROVISIONS below						EMPLOYEE \$ 2,000,000
							E.L. DISEASE - POLICY LIMIT \$ 2,000,000
E	OTHER			WC	1/1/2014	1/1/2015	Workers Comp - Statutory \$ 1,000,000
E	Excess WC OH (\$1M Retention)			WC	1/1/2014	1/1/2015	Employers Liability \$ 1,000,000
D	Excess Auto Only			NY1	1/1/2014	1/1/2015	Each Occurrence \$ 2,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**Pyramid LQR Management L.P., HP LQ Investment LP, La Quinta Resort & Club, their subsidiaries and affiliates, and each of their employees, directors and agents are included as additional insured.**

## CERTIFICATE HOLDER

## CANCELLATION

Pyramid LQR Management L.P.  
HP LQ Investment LP  
La Quinta Resort & Club  
49499 Eisenhower Drive  
La Quinta, CA 92253

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

Sylvia Kuch