



## EVENT REQUEST

(During office hours: M-F 8 AM to 5 PM)

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Group Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Proposed Event Date: \_\_\_\_\_

Start & End Time: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

Do all attendees have GPC access cards, or are they outside visitors?: \_\_\_\_\_

Will guests utilize the GPC parking garage?: \_\_\_\_\_

Any A/V requirements?: \_\_\_\_\_

## CATERING:

Caterer's Name/Contact Info (if available): \_\_\_\_\_

Delivery Time: \_\_\_\_\_

Delivery Location: The loading dock (standard policy - please register your catering information into VMS upon approval of event).

Will alcohol be served during the event? \_\_\_\_\_

*If yes, an additional security officer is required at an hourly rate (4-hour minimum). Property management will coordinate coverage.*

Is there a current COI on file? \_\_\_\_\_



## LOBBY SIGNAGE REQUEST:

Proposed Location(s) for Signage Display: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

Proposed Signage Verbiage \_\_\_\_\_

\_\_\_\_\_

Please provide a proof or rough draft of the signage you plan to display.



# GPC AFTER-HOURS

(if applicable)

## **HVAC/LIGHTING – M-F: 6 PM – 8 AM | Saturday & Sunday: All day**

If the gathering falls within the timeframes above, after-hours HVAC and lighting should be requested. (GP/KII should request through **Compass**, and all other tenants should request through **Genea**.) For hourly rates, please contact the management office.

## **VISITOR ACCESS/SECURITY - M-F: 6 PM – 8 AM | Saturday & Sunday: All day**

All visitors should be registered in **VMS** for after-hours access. A dedicated security officer is necessary when a representative is unable to assist their company's guests with visitor access and for any event with alcohol.

The current hourly rate is **\$60/hr** (with a four-hour minimum) and requires two-weeks advance notice to the property management team to arrange coverage. This charge would be billed back via the tenant statement. See below for more details.

- **LOBBY:** The bridge and plaza doors are on card access after-hours. Visitors will need to use the intercoms at the bridge/plaza entry doors to speak with security for access into the lobby.
- **TURNSTILES:** Visitors should always be submitted in VMS for turnstile access. If the group is large, an open turnstile request should be submitted via Corrigo or Building Engines.
- **ELEVATORS:** The passenger elevators are on card access after-hours. A representative from your company will need to meet your visitor(s) on the lobby level to escort them to your floor via the elevators. NOTE: Freight elevators are on limited card access 24/7.

## **JANITORIAL SERVICES – M-F: 9 PM | Saturday & Sunday: All day**

A dedicated porter is required for events that run beyond **9 PM**. The current hourly rate is **\$31.50/hr** (with a four-hour minimum) and requires two-weeks advance notice to the property management team to arrange coverage. This charge would be billed back via the tenant statement.

## **PARKING – M-F: 7 PM – 5 AM | Saturday & Sunday: All day**

The parking garage closes at **7 PM** for non-monthly cardholders and visitors **M-F** and **is closed all day on weekends**. An access pin number for entry via the **Courtland St** entrance can be generated for these attendees with one-week advance notice.

**Non-monthly parkers/visitors** would drive up to the Courtland exterior kiosk and enter the provided pin number at the keypad. This will vend the speed curtain so that they can enter the garage. They will then pull a parking ticket per usual to vend the gate arm.

**Monthly cardholders** would scan their badge at the exterior kiosk at either Courtland St or Ellis St to vend the speed curtain, then scan their badge at the second kiosk to vend the gate arm.

## **CATERING -**

Catering details should always be submitted in VMS for loading dock and freight elevator access.



## FOR EVENTS SERVING ALCOHOL

All events with alcohol require a dedicated security officer. This coverage should be requested at least two weeks in advance.

The current hourly rate is **\$60/hr** (with a four-hour minimum). This charge would be billed back via the tenant statement. Transwestern will coordinate this coverage once the event details are set.

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## SERVING OPTIONS AND REQUIREMENTS

- If a **tenant** is purchasing and serving alcohol themselves:

Only security coverage is required.

- If a tenant chooses to hire a **catering company** or **bartender** to purchase and serve the drinks, they must:

1. Secure security coverage
2. Submit a copy of the caterer/bartender's **Certificate of Insurance** evidencing **Liquor Liability** coverage.

- If a tenant chooses to have a **cash bar** at their event, they must:

1. Secure security coverage
2. Submit a copy of the caterer/bartender's **Certificate of Insurance** evidencing **Liquor Liability** coverage
3. Submit a copy of the caterer's **liquor license**.

## VENDOR INSURANCE REQUIREMENTS

The Certificate of Insurance (COI) should evidence the coverage amounts highlighted in the attached sample (page 3), and match the language below **verbatim**.

The boxes for “**ADDL INSD**” and “**SUBR WVD**” beside each coverage type are required to be checked.

Please email all documents to **Natalie.Uribe@Transwestern.com** and **Steph.Chiamonte@Transwestern.com**.

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The Certificate of Insurance (COI) and additional documents must follow the guidelines below verbatim.

A. The **Certificate Holder** should read:

GP Center Holdings LLC and affiliates Transwestern Commercial Services  
Georgia, LLC (d/b/a Transwestern)  
133 Peachtree Street NE Lobby Level  
Atlanta, GA 30303

B. The **Description of Operations** should state the following:

GP Center Holdings LLC and affiliates Transwestern Commercial Services  
Georgia, LLC (d/b/a Transwestern), **are listed as Additional Insureds.**

C. The following documents should be included in addition to the COI, and should also list the entities above as additional insureds:

- 1) **Waiver of Subrogation**
- 2) **Additional Insured Endorsements**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 <b>COMPANY/BUSINESS SELLING INSURANCE ADDRESS HERE</b>	CONTACT NAME:	
	PHONE (A/C, No, Ext):	
INSURED <b>VENDOR NAME MUST MATCH W-9 AND CONTRACT Include DBA if applicable</b>	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>			xx / xx / xxxx	xx / xx / xxxx	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>			xx / xx / xxxx	xx / xx / xxxx	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		<input checked="" type="checkbox"/>		xx / xx / xxxx	xx / xx / xxxx	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	N	xx / xx / xxxx	xx / xx / xxxx	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
B	<b>Pollution Liability</b>						<b>Per claim</b> <b>1,000,000</b>

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

**GP Center Holdings LLC and affiliates, and Transwestern Commercial Services Georgia, LLC (d/b/a Transwestern) are additional insureds.**

### CERTIFICATE HOLDER

### CANCELLATION

<b>GP Center Holdings LLC and affiliates Transwestern Commercial Services GA, LLC (d/b/a Transwestern) 133 Peachtree Street NE Lobby Level Atlanta, GA 30303</b>	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

## 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

This Certificate of Insurance 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.

VENDOR SAMPLE