

EXHIBIT B

The following are requirements of Unit Owners Association for Carlyle Overlook Condominiums, c/o Cushman & Wakefield U.S. Inc. for Certificates of Insurance for Carlyle Overlook.

Certificate Holder:
Cushman & Wakefield U.S. Inc.
2318 Mill Rd. Suite 100
Alexandria, VA 22314

1) **COMMERCIAL GENERAL LIABILITY INCLUDING PERSONAL INJURY**

\$1,000,000.00 Per Occurrence
\$2,000,000.00 General Aggregate

Commercial General Liability includes coverage Premises-Operations, Products/Completed Operations Hazard, Contractual Liability, Broad Form property Damage, Independent Contractors and Personal Injury Liability.

Commercial General Liability Includes Personal Injury Coverage (False Arrest, Detention or Imprisonment, Malicious Prosecution, Libel, Slander, Defamation or violation of Right of Privacy, Wrongful Entry or Eviction or other Invasion or Right of Private Occupancy).

Any General Aggregate shall apply on a "Per Project" basis.

2) **WORKER'S COMPENSATION AND EMPLOYERS LIABILITY**

Workers Compensation Insurance with statutory limits for the State of VIRGINIA including benefits provided under coverage B - Employers Liability - \$500,000.00.

3) **AUTOMOBILE LIABILITY INSURANCE**

Automobile Liability insurance covering owned, non-owned and hired automobiles, trucks and trailers used by the Contractor - This insurance shall provide coverage not less than that of a standard comprehensive automobile liability policy with limits not less than \$1,000,000 combined single limit.

4) **UMBRELLA LIABILITY***

Providing coverage excess of the required employer's liability, commercial general liability, and commercial automobile liability insurance policies.

\$1,000,000.00 Per Occurrence
\$1,000,000.00 Aggregate

* Owners and contractors' protective liability policy in total limits of #1 and #4 may be used instead of additional insured.

5) **ADDITIONAL INSURED PARTIES SHALL READ AS FOLLOWS:**

Unit Owners Association for Carlyle Overlook Condominiums
Carlyle Overlook, LLC c/o Clarion Partners
American Society for Clinical Oncology
Cushman & Wakefield U.S., Inc. and their respective partners, agents, and employees.

6) **CERTIFICATE IS ALSO TO INCLUDE AS PREVIOUSLY STATED IN CONTRACT:**

All coverages shall apply to all locations where the named insurers are performing services for the holder of the certificate. All such insurance shall be primary and non-contributory and in the event of any cancellation or material change in coverage notice must be given at least sixty (60) days in advance to Manager. All companies writing policies shall be a minimum of A.M. Best's rated A X or higher. The following wording must apply in the cancellation provision of the certificate: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail sixty (60) days written notice to the certificate holder name to the left.