

# TENANT HANDBOOK



**10 West End 1601 Utica Avenue South, St. Louis Park MN, 55416**

**PRESENTED TO:**

**OWNED BY:**

10 West End, LLC  
c/o Ryan Companies US, Inc.

**MANAGED BY:**

RYAN COMPANIES, INC.  
(952) 234-4500

**BUILDING WEBSITE:**

[10westendmn.com](http://10westendmn.com)

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## **WELCOME TO 10 WEST END**

We at Ryan Companies look forward to a long and productive relationship with you. Please let us know if we can help as you settle into your new office space. We would be happy to provide any information or services you might require to move easily into your office.

This “Tenant Handbook” should answer many of the immediate questions you might have about building regulations, policies and operating procedures. We have provided important building personnel names, phone numbers and emergency contact phone numbers.

At Ryan Companies US, Inc., we pride ourselves on quality service and responsive attention to our buildings and our tenants. We encourage you to work with us in upholding our service goals – by sharing your concerns with us and offering suggestions on ways that we can continue to improve your office and surrounding environment.

Please keep this handbook in a convenient location. We will be updating information and will circulate updated text to you for insertion, as it becomes available.

Our mission statement...

### **BUILDING LASTING RELATIONSHIPS**

- ♣ Dedication to Honesty and Integrity
- ♣ Exceeding Customer Expectations
- ♣ Continuous Improvement through our Quality Process
- ♣ Clear and Open Communication
- ♣ Respect for the Environment
- ♣ Promoting Growth of our People, their Families and our Company

## **BUILDING MANAGEMENT**

### **WE ARE RYAN**

The Ryan Companies Team office is located on the second floor, Suite 220. The Ryan Team is made up of:

- ♣ **Justin Luetschwager – Senior Real Estate Manager (612) 492-4206**
  - Ryan Team Member since 2018
- ♣ **Renee Pinkney – Real Estate Manager (612) 492-4868**
  - Ryan Team Member since 2014
- ♣ **Mikayla Jacobson – Tenant Engagement Coordinator (952) 234-4505**
  - Ryan Team Member since 2022
- ♣ **Dale Malley – Chief Maintenance Engineer (952) 234-4504**
  - Ryan Team Member since 2021
- ♣ **Aaron Hart – Maintenance Technician (763) 639-2958**
  - Ryan Team Member since 2022

Other Important Building Phone Numbers:

- ♣ **Afterhours Maintenance/Emergency (612) 492-4444**
- ♣ **Building Security – (612) 760-6187**

\*BEST PRACTICE: For tenant work orders, please submit a work order request via the [Corrigo Enterprise Portal](#)\*

## **RULES AND REGULATIONS**

Tenant agrees to observe for itself, its employees, clients, invitees and guests, to comply with the following rules and regulations and with such reasonable modifications thereof and additions thereto as lessor may make for the 10 West End building. Other rules and regulations can also be found in the terms of each Tenant's lease.

1. 10 West End is a smoke free facility. The use of any tobacco products is strictly prohibited anywhere inside 10 West End or on the grounds of this facility.
2. In advertising or other publicity, without Ryan Companies US, Inc. prior written consent, Tenant shall use neither the name, except as the address of its business, nor use pictures of the building.
3. Tenant, its customers, invitees, licensees, and guests, shall not loiter, congregate, or obstruct sidewalks, entrances, passages, corridors, vestibules, halls, elevators and stairways in and about 10 West End. Tenant shall not place objects, signage, or advertisement, against glass partitions, doors, windows, walls or elevators which would be unsightly from the corridors, or from the exterior of 10 West End, and will promptly remove same upon notice from Ryan Companies US, Inc. Tenants should utilize their community bulletin board in their break room for signage or advertisement.
4. Tenant shall not make noises, cause disturbances, or vibrations or use or operate and electrical or electronic devices or other devices that emit sound or other waves or disturbances, or create odors, any of which may be offensive to other tenants and occupants of 10 West End or that would interfere with the operation of any device or equipment or radio or television broadcasting or reception place or install any projections, antennae, aerials or similar devices inside or outside the Premises.
5. Tenant shall not waste electricity or water and agrees to cooperate fully with Ryan Companies US, Inc. to assure the most effective operation of 10 West End's heating and air conditioning and shall refrain from attempting to adjust any controls.
6. Tenant shall not affix additional locks on doors and shall purchase duplicate keys only from

Ryan Companies. When the Lease is terminated, Tenant shall return all keys to Ryan Companies and will disclose to Ryan Companies the combination of any safes, cabinets, or vaults, left on the premises at 10 West End.

7. Tenant assumes full responsibility for protecting its space from theft, robbery, and pilferage, which includes keeping doors locked and other means of entry to the premises closed and secured.
8. Solicitors shall be reported to the Ryan Companies Management Office at **(952) 234-4500**.
9. Tenant shall not install and operate machinery, or any mechanical devices of a nature not directly related to Tenant's ordinary use of the building without written permission of Ryan Companies US, Inc.
10. No bicycle or other vehicle and no animals shall be allowed in the offices, halls, corridors and any other parts of 10 West End. Service animals will be allowed into the building. Bicycles must be stored in the bike racks outside of the building or in the building's bike storage room.
11. Tenant has no right of access to the roof of the Building and shall not install, repair or replace any antenna, aerial, aerial wires, air-conditioner or other device on the roof of the Building, without the prior written consent of Landlord (which consent shall not be unreasonably withheld, conditioned or delayed). Any such device installed without such written consent is subject to removal at Tenant's expense without notice at any time. In any event Tenant shall be liable for any damages or repairs incurred or required as a result of its installation, use, repair, maintenance or removal of such devices on the roof and agrees to indemnify and hold harmless Landlord from any liability, loss, damage, cost or expense, including reasonable attorney's fees, arising from any activities of Tenant's agents or employees on the roof of the Building.
12. Tenant will not employ any person for the purpose of cleaning the Premises or permit any person to enter the Building for such purpose other than Landlord's janitorial service, except with Landlord's prior written consent (which consent shall not be unreasonably withheld,

conditioned or delayed). Tenant will not necessitate, and will be liable for the cost of, any undue amount of janitorial labor by reason of Tenant's carelessness in or indifference to the preservation of good order and cleanliness in the Premises or Common Areas. Janitorial service will not be furnished to areas in the Premises on nights when such areas are occupied after [\*9:30 p.m.], unless such service is extended by written agreement to a later hour in specifically designated areas of the Premises.

13. Tenant shall not abandon and/or temporarily store vehicles of any type at 10 West End's parking lots. No maintenance, selling of vehicles, oil changes or other repair work shall be done in the lot unless permission is received from Ryan Companies. All vehicles shall be in proper working order.
14. Ryan Companies US, Inc. reserves the right to make such other and further rules and regulations as in its judgment may from time to time be needed for the safety, care and cleanliness of the Premises and for the preservation of good order therein.

This list of rules is not comprehensive, and more building rules and regulations can be found in the language of the signed lease. Please sign and date below and return this form to the Ryan Companies US, Inc. Management Office.

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TENANT

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DATE

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SIGNATURE

## **BIKE STORAGE**

We offer a secure bike storage room in the building. This facility is available to the tenants of 10 West End free of charge. Please contact your Building Management for additional information and access privileges.

## **BUILDING AMENITIES**

The 10 West End building has the following amenities available to the tenants officing in the facility:

- Three conference rooms (capacity of 6, 6, and 14) and a training room (capacity of 84) available on a first come first serve basis. Reservations must be made through the management office.
- Mini Market of fresh pre-packaged food and beverages.
- Skydeck on the 11th floor with a shuffleboard.
- Giant Jenga sets and cornhole sets for tenants to use.
- Fitness center on 1st floor with men's and women's lockers for showers.
- Towel service in the fitness center.
- Foodsby delivery service provides meals with only a \$2 fee. Download their app for complete services!
- Mulberry's drop off laundry services available in the lockers outside the fitness center. Download their app for complete services!
- Tenant Engagement Events
- Central Park West – One acre green space

The best part about working in West End is the great amenities in the area! For information on restaurants and businesses in the area, visit: <https://www.theshopsatwestend.com/directory/> and <https://discoverstlouispark.com/>



## **BUILDING HOURS**

### **10 West End - 1601 Utica Avenue South**

Monday – Friday:	7:00 AM to 6:00 PM
Saturday:	Closed
Sunday:	Closed

### **Holidays**

New Year's Day

Memorial Day

Independence Day

Labor Day

Thanksgiving

Christmas

### **Loading Dock Hours**

Monday – Friday:	5:30 AM to 4:30 PM
Saturday	Closed
Sunday:	Closed
Holidays:	Secured

## **CLEANING**

The building's janitorial service company, Paramount Building Solutions, cleans your office. They will be in your space Monday through Friday, during evening hours. While most cleaning is handled after normal business hours, we do have day personnel available who can assist with spills, trash removal, etc. We are happy to take care of immediate cleaning requests but ask that the more time-consuming requests be arranged in advance.

If you have boxes or items to be disposed of that do not fit in a trash container, please label them with “trash” or “recycle” stickers that the janitorial company or building management has provided to you. Please note that the janitors will not remove any item outside of trash containers that do not have a “trash” or “recycle” sticker. If you are moving in, it is your mover’s responsibility to remove any boxes, crates, packing or other such materials from your office.

If you have any comments, concerns or questions regarding the cleaning of your office please do not hesitate to call your Building Management.

### **ELEVATOR SERVICE**

Elevator service is available beginning at 7 AM to 6 PM Monday to Friday. Before and after normal hours of building operation (including weekends and holidays), elevator service is available by access card only. Card readers are available on the first and second floor at the touchscreens to the left outside the elevator lobby. The security staff and cleaning staff will not provide elevator access to individuals who do not have an access card.

If an elevator fails to operate properly, please let Building Management know immediately. If you are detained inside the elevator cab due to a malfunction, REMAIN CALM. Use the call button inside the elevator, which connects directly to the elevator maintenance company, to signal your stalled status. Building staff will make every effort to release you from the elevators as quickly as possible. However, due to safety regulations, they are limited in the assistance they can provide. Our elevator maintenance company will be immediately dispatched to correct the problem.

### **HEATING & AIR CONDITIONING SERVICES**

Standard operating hours for the building’s heating and cooling system are from 7:00am to 6:00pm. We would be glad to arrange for HVAC service beyond these hours at an additional charge. Requests for additional service should be placed at least 24 hours in advance by calling Building Management.

## **INCIDENT REPORTS**

To record the details of any accident, theft, or injury that occurs on the property, incident reports must be filed. Please notify Building Management, or Building Security if not available, as soon as an incident occurs so we can follow up with the appropriate record taking. We appreciate your cooperation in answering any questions the building staff may have pertaining to the incident.

## **LOST & FOUND**

Please contact our Management Office at (952)-234-4500 regarding lost and found items.

## **KEYS & ACCESS CARDS**

For any replacement access cards there is a \$10 non-refundable charge per card and a \$20 charge per key for additional keys. To order, please request on the online tenant portal or contact the management team. Please provide name of employee and the needs on the card (bike access, exercise room, etc.).

\*rates subject to change with prior notice.

## **MAIL SERVICES**

Incoming mail is delivered by USPS Monday to Saturday. The mail room is open 7:00am – 6:00 pm Monday – Friday. Outgoing mail slots are located in the mail room and larger packages should be placed on the counter with clear labeling indicating “OUTGOING MAIL.” FedEx is picked up at 3:00 pm Monday – Friday.

## **MAINTENANCE REQUESTS**

All requests for service should be directed to [ryancompanies.corrigo.com](http://ryancompanies.corrigo.com). We will dispatch our maintenance personnel and follow up on the service we provide. For emergencies after-hours, please call (612) 492-4444.

To submit a work order request via our web site, please read through the instructions located on page 11.

- If you experience any problems – please contact Mikayla Jacobson at (952) 234-4505.

### **Frequently Asked Questions**

#### **What if my request is an emergency?**

**If your request is an emergency, do NOT use the web form.** Contact the afterhours maintenance phone number at (612) 492-4444.

#### **How do I know the property management office received and is working on my request?**

The work order will appear in your Open Work Order list with a status of OPEN once your request has been processed by the management office.

#### **What if I have more than one work request at a time?**

Please enter in each work request separately. This will ensure that your work can be appropriately assigned and monitored.

#### **What if I have a question about my request after I submitted it?**

Contact the management office and reference the Work Order Number with questions about your request.

#### **How do I place a Work Request after hours?**

If your work request is not urgent and can wait until the next business day for service, please use the web form.

#### **How will I know if my work has been completed?**

The work order status will be changed to COMPLETED when the work is finished. It will be changed to CLOSED once management has reviewed it.

#### **What if I want more detail about my work requests (current and past)?**

The management office will be able to provide reports at your request detailing your current and past work requests

## MOVING PROCEDURES

### INSTRUCTIONS TO MOVERS

Movers and/or furniture installers should contact Building Management in advance to schedule the move, reserve dock/freight elevator time, and become familiar with building procedures and to provide the required insurance.

The mover shall, at the mover's sole cost and expense, obtain, maintain and keep in full force and affect the following types of insurance and shall provide Building Management with an appropriate Certificate of Insurance prior to move-in, naming 10 West End, LLC and Ryan Companies US, Inc., as additional insured:

- Workers' Compensation    Statutory Limits
- Employer's Liability, including "Stop Gap" coverage and USL&H if applicable  
\$500,000 each accident
- \$500,000 disease-policy limit
- \$500,000 disease-each employee
- Commercial General Liability
- \$2,000,000 each occurrence
- \$2,000,000 products/completed operations aggregate
- \$2,000,000 general aggregate (per project)
- Commercial Automobile Liability    \$1,000,000 any one accident or loss
- Umbrella/Excess                                \$1,000,000

Moving must be done through the loading dock and utilizing the service elevator.

The mover shall provide protective floor and wall covering (masonite) and all supervision, labor, materials, supplies and equipment necessary to protect the building from damage. Do not slide heavy materials on the floors. Tenant will not use or permit to be used in the Premises or in the Common Areas any hand trucks, carts or dollies except those equipped with rubber tires and side guards or such other equipment as Landlord may approve.

All employees of the mover must be bonded and in company uniform during the move in order to maintain the security of the premises.

The moving company and tenants will be responsible for leaving the building and premises clean. All boxes must be crushed and other trash shall be disposed of by the moving company off-site. Materials left will be hauled away at the tenant's expense.

Any and all damage to the building or elevator area, which the tenant, moving company or its employees cause, will be the responsibility of the tenant and will be invoiced to the tenant. Movers must inspect route of anticipated travel inside the building in order to determine previous damage.

## **PARKING**

10 West End owns and operates the parking ramp beside the building. Executive parking is available to tenants for an additional cost. Visitor parking is located on Level 3 of the ramp which provides direct access to the building via the Skylink on Second Floor. All parking is on a first come, first serve basis. Parking spots next to the electric charging stations on floor 1 and -1 are reserved for only electric cars. Parking in front of the building is reserved for delivery drivers and contractors.

The parking ramp address is:

1603 Utica Ave S

Golden Valley, MN, 55416

## **PHONE, CABLE & INTERNET**

- There is internet, cable, and fiber in the building. Our providers are: Comcast, Consolidated Communications, CenturyLink & US Internet.
- Use Teflon telephone/data cable from the telephone equipment closet/outlet and connect to the Tenant's telephone backboard or data termination located within Tenant's space or other approved location. The installation shall comply with Local, State, and Federal codes, laws and regulations.

- Contractor shall provide and install horizontal cable supports in such a fashion as to support the quantities of cable installed and prevent cables from resting on ceiling tiles or grids. Such supports shall be installed at a minimum of 10' apart.
- Provide fire stopping to restore fire ratings at all wall, floor or ceiling penetrations.
- All cables shall be labeled at exposed points or end with identifier or description of cable function.
- All blocks and terminals shall be labeled with permanent markings.
- All termination points shall be labeled with cable number, pair count and jack number.

No boring or cutting for wires will be allowed without the prior written consent of Landlord (which consent shall not be unreasonably withheld, conditioned or delayed). The location of burglar alarms, smoke detectors, telephones, call boxes and other office equipment affixed to the Premises shall be subject to the written approval of Landlord (which approval shall not be unreasonably withheld, conditioned or delayed).

## **RECYCLING**

10 West End is a single-sort recycling building, and we recycle office paper, aluminum cans, glass, plastic, newspaper, magazines, and cardboard. We do not require you to separate your recycling. If you have cardboard to be recycled simply place a “recycle” sticker on it and the janitors will remove it.

10 West End also has a collection bin for organics.

RECYCLABLE	ORGANICS / COMPOSTABLE
<ul style="list-style-type: none"> <li>• Plastic               <ul style="list-style-type: none"> <li>- Bottles, Containers, Tubs and Lids Smaller than 3 Gallons (#1, #2, #5)</li> </ul> </li> <li>• Containers               <ul style="list-style-type: none"> <li>- Aluminum, Steel, Tin Cans</li> <li>- Beer, Wine, Liquor Bottles</li> <li>- Food Jars</li> <li>- Glass Jars</li> <li>- Pie Tins</li> </ul> </li> <li>• Paper               <ul style="list-style-type: none"> <li>- Brown Grocery Bags</li> <li>- Cardboard, flattened</li> <li>- Cereal, Crack, Pasta Boxes</li> <li>- Dairy and Juice Cartons</li> <li>- Electronics Boxes</li> <li>- Foil Containers</li> <li>- Mail, Office &amp; School Paper</li> <li>- Magazines, Catalogs</li> <li>- Newspapers and Inserts</li> <li>- Phone Books</li> <li>- Pop and Beer Boxes</li> <li>- Shoe Boxes, Gift Boxes</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• All FOOD Scraps</li> <li>• Pizza Boxes</li> <li>• Egg Cartons</li> <li>• Non-recyclable PAPER Products               <ul style="list-style-type: none"> <li>- Napkins, Paper Towels, Tissues</li> <li>- Uncoated Paper Plates, Cups, Food Containers, Utensils</li> <li>- Uncoated Straws</li> </ul> </li> <li>• All BPI Certified Compostable Products Certified By: Biodegradable Products Institute and Cedar Grove Certified Products</li> <li>• Other Compostable Products:               <ul style="list-style-type: none"> <li>- Coffee Grounds and Filters</li> <li>- Tea Bags</li> <li>- Plants and Flowers</li> <li>- Wooden Items (Chopsticks, Popsicle Sticks and Toothpicks)</li> </ul> </li> </ul>



## **SECURITY**

10 West End has contracted security services with Securitas. The building is staffed with a security officer from 8:00 am to 9:00 pm, Monday to Friday. Security officers patrol the interior and exterior grounds and parking ramp at the property. Security officers are available to escort our building tenants to their cars in the ramp upon request. 10 West End security can be reached at 612-760-6187.

We encourage you to review these security reminders to help you avoid unnecessary loss and problems within your suite.

- When you secure your premises at the end of the business day, lock all doors and then verify they properly locked.
- Notify the building management or security staff immediately if you notice a suspicious person loitering in or about your premises. Be suspicious of any person who enters your suite and when confronted makes excuses that they are lost or looking for another company.
- Put serial numbers on all business equipment to aid police in locating the equipment if it is stolen.
- If an employee is terminated for any reason, consider changing cylinders on the lock, resetting any safe or vault combinations they may have been entrusted with, and canceling security access cards with building management.
- Keys kept on a key ring or access cards should never have an identifying tag. If they are lost, they may easily be used to access your premises.
- If sidewalk or corridor deliveries of goods are made, do not leave items unattended.
- Never leave your reception area unattended when your suite entry door is unlocked.
- Consider having routine background checks done on prospective employees as an additional security precaution.

## **SHIPPING & RECEIVING**

The loading dock is located on ground level on the South side of the building near the parking ramp. Loading dock door height is 14 feet. Deliveries of supplies, equipment, etc., must be made in single trucks (straight trucks) whenever possible. Deliveries taking longer than 15 minutes must be arranged in advance by emailing [Mikayla.Jacobson@RyanCompanies.com](mailto:Mikayla.Jacobson@RyanCompanies.com) with a filled out Authorized Activity Report (AAR) located in back of handbook. Furniture or any bulk deliveries must be made after normal business hours and scheduled in advance with the dock.

**Please note daytime dock access is on a first come first serve basis.**

Please provide Management with a list of your regular scheduled delivery providers as well as estimated timeframes of their arrival. Management will require a Certificate of Insurance be on file for all delivery vendors prior to their first delivery.

## **SIGNAGE & DIRECTORY LISTING**

A building directory is located on the first and second floor outside of the main elevator lobby. Requests for changes should be sent in writing to Building Management.

## **SMOKING**

10 West End is a non-smoking building. Smoking anywhere in the building or within 25 feet of building entries, outdoor air intakes, and operable windows is strictly prohibited. Building security will be strictly enforcing these rules.

## **SOLICITATION**

Solicitation is not allowed in the building or on the building premises. Please notify Building Management immediately if you notice a solicitor within the building. Report as much specific information about the person's appearance and behavior as possible. Building staff will locate the person as quickly as possible and escort them off the premises.

## **THEFT**

Report any suspected theft, no matter how small, to Building Management immediately. You may also notify the Police Department. The building's insurance policy does not cover the theft of tenant's personal belongings. Personal property insurance is the responsibility of each tenant.

## **VENDOR/CONTRACTOR ACCESS**

There may be special instances when vendors or contractors need to perform work in your suite. In such instances, please provide written notification to Building Security including the following information:

- The company name
- Names of all people who will be doing the work
- Date(s) the work will be performed
- Time contractor will arrive and depart
- Description of the work being done
- How contractor will access your space
- Certificate of Insurance

## **CERTIFICATE OF INSURANCE**

Please send the required insurance, including additional insured listings of 10 West End, LLC and Ryan Companies US, Inc., as outlined in your lease agreement to:

**Mikayla Jacobson**

**[Mikayla.Jacobson@RyanCompanies.com](mailto:Mikayla.Jacobson@RyanCompanies.com)**

Sample of Vendor and Tenant COI's are located in back of handbook.

## **RENTAL PAYMENT**

In accordance with your lease agreement, charges for rent and operating expenses are due and payable on the first of each month without notice. You will receive invoices for any special services requested. Please remit payments to:

**10 West End, LLC**

**FBO-Acore Capital Mrtg LP Deposit Acct**

**PO Box 944328**

**Cleveland, OH 44194-4328**

Wire payments are to be sent using the following information:

**Account Name:** 10 West End, LLC

**Account Number:** 329681356930

**Routing Number:** 021300077

**Bank Name:** KeyBank National Association

**Bank Address:** 17 Corporate Woods Blvd Albany, New York 12211

\*Rent is due on the first day of each month. Late fees are assessed for all rents not received when due.

Please contact Stephanie Fabick at (612) 492-4731 or [Stephanie.Fabick@RyanCompanies.com](mailto:Stephanie.Fabick@RyanCompanies.com) if you have any questions regarding your rent or expenses owed.

## TENANT CONTACT/EMERGENCY INFORMATION FORM

Please complete the Tenant Data Sheet and email to the Tenant Engagement Coordinator, Mikayla.Jacobson@RyanCompanies.com. Please utilize this form for future updates.

### Tenant Contact/Emergency Information Form

Property Name:		
Tenant's Name:		
Address and Suite Number:		
City, State and Zip Code:		
Daily Contact #1:		
Phone Number:	Office:	Cell:
Work Email:		
Daily Contact #2:		
Phone Number:	Office:	Cell:
Work Email:		
Office Manager's Name: (if different from above)		
Phone Number:	Office:	Cell:
Work Email:		
Suite Access Code(s):		
Security Alarm Code(s)		
Business Hours		
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		
Sunday:		

### Holiday Schedule

Please list the holidays your office will be closed.


**EMERGENCY INFORMATION:** LIST IN ORDER, THE PEOPLE WHOM YOU WANT CONTACTED IF AN EMERGENCY SHOULD ARISE.

#### Emergency Contact #1

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Email: \_\_\_\_\_

Alternative Email: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Office:	Cell:	Home:
_____	_____	_____

#### Emergency Contact #2

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Email: \_\_\_\_\_

Alternative Email: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Office:	Cell:	Home:
_____	_____	_____

#### Emergency Contact #3

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Email: \_\_\_\_\_

Alternative Email: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Office:	Cell:	Home:
_____	_____	_____

**Tenant Accounting/Billing Information**

Name:	<hr/>		
Title:	<hr/>		
Address:	<hr/>		
Email:	<hr/>		
Phone Number	Office:	Cell:	Home:
<hr/>			

**Legal Contact Information**

Name:	<hr/>		
Title:	<hr/>		
Address:	<hr/>		
Email:	<hr/>		
Phone Number	Office:	Cell:	Home:
<hr/>			

**DISABLED OCCUPANTS:** LIST NAMES AND FLOOR NUMBER OF INDIVIDUALS REQUIRING ASSISTANCE DURING A BUILDING EVACUATION.

**Name, Office Phone/Ext., Cell Phone**

Name #1:	<hr/>		
Phone Number	Office:	Cell:	Home:
<hr/>			
Name #2:	<hr/>		
Phone Number	Office:	Cell:	Home:
<hr/>			
Name #3:	<hr/>		
Phone Number	Office:	Cell:	Home:
<hr/>			

*If you have any questions, please call Mikayla Jacobson at 952-234-4500  
The form may be returned via mail at the address above,  
or email [Mikayla.Jacobson@RyanCompanies.com](mailto:Mikayla.Jacobson@RyanCompanies.com).*

*This information is kept strictly confidential!*

*Thank You*

## EMERGENCY PROCEDURES

Emergencies and disasters are unpredictable and strike without warning. The following information is provided in an effort to help assure your safety and reduce property damage should an emergency occur.

Everyone is urged to become familiar with their company's EMERGENCY PROCEDURES. Please refer to your Office Manager or Supervisor as to the location of this information.

**If there is an emergency situation at 10 West End, please notify Ryan Companies US, Inc. at (612) 492-4444 as soon as you can safely do so.**

## EMERGENCY CONTACT INFORMATION

St. Louis Park Police Department -	Emergency Number: 911
	Non-Emergency Number: (952) 924-2600
St. Louis Park Fire Department -	Emergency Number: 911
	Non-Emergency Number: (952) 924-2618
Golden Valley Police/Fire Department -	
	Emergency Number: 911
	Non-Emergency Number: (763)-593-8079
Minnesota State Patrol	
Road Conditions -	<a href="https://hb.511mn.org/">https://hb.511mn.org/</a>
	Phone: (763) 591-4680; 511



## **IN THE EVENT OF A FIRE**

1. Call 911 and report the following information:
  - a. Building Name: 10 West End
  - b. Building Address: 1601 Utica Avenue South, St. Louis Park MN 55416
  - c. Company Name, Suite and Floor Number
  - d. Describe the type of fire, i.e.: gas, chemical, paper, etc...
  - e. Location of fire, i.e.: wastebasket, by front door, etc..
2. Call Ryan Companies US, Inc. at (612) 492-4444 as soon as you can safely do so and report the above information. Inform Ryan Companies US, Inc. that you have notified the Fire Department.
3. Evacuate employees and customers.
4. Close doors behind you but do not lock them. Feel doors before opening and do not open any that are hot. Do not return for personal papers or personal articles.
5. **USE STAIRWELL EXITS ONLY.** Use the alternate stairwell if nearest stairwell is not safe for passage. Aid disabled employees in the stairwell. The Fire Department will evacuate any disabled employee from the building.
6. **DO NOT ATTEMPT TO USE THE ELEVATORS.**
7. If caught in heavy smoke, take short breaths; breathe through your nose, then crawl to escape. The air is better near the floor.
8. Call 911 and report the following information:
  - a. Building Name: 10 West End
  - b. Building Address: 1601 Utica Avenue South, St. Louis Park MN 55416
  - c. Company Name, Suite and Floor Number
  - d. Describe the type of fire, i.e.: gas, chemical, paper, etc...
  - e. Location of fire, i.e.: wastebasket, by front door, etc..
9. Call Ryan Companies US, Inc. Management Office at (612) 492-4444 as soon as you can safely do so and report the above information. Inform Ryan Companies US, Inc. that you have notified the Fire Department.

10. Make sure all employees are at a pre-arranged meeting place. (EXAMPLE: *Meet by the WE sign at the park beside the 10 West End building.*)
11. Take a head count and don't let employees wonder about.
12. **NEVER** try to fight a fire, which may be out of control.
13. Do not return to the office until an "All Clear" is given by the Fire Department or Building Management.

**OTHER FIRE SAFETY TIPS:**

1. Never store materials near or around fire extinguishers.
2. Never block or store materials near exits of fire doors.
3. Never return to a burning building.
4. Evacuation of the Building is the primary responsibility.
5. Know the location of the two exits closest to your work area. Count the doors or desks between your area and the exits. During a fire, you may have to find your way out in the dark.
6. Know the location of the nearest fire alarm and fire extinguisher and how to use it.
7. Evacuation plans for your company's space should be posted and discussed during New Employee Orientation.
8. Review the proper fire escape procedures with employees several times per year.
9. Post evacuation plan diagrams throughout your office space.
10. Place Emergency Phone Numbers by telephones throughout the facility.

## **SEVERE WEATHER**

### **IN THE EVENT OF A TORNADO**

If the order to seek shelter is given:

1. Get away from the perimeter of the building and exterior glass.
2. Evacuate and close doors to exterior offices and conference rooms.
3. Go to corridor of the building.
4. Sit or kneel in corridor. Protect your head.
5. If you are in transit in the building, take shelter in the nearest stairwell or restroom.
6. If you are caught in an outside perimeter office or conference room, seek protection under furniture.

### **SEVERE STORMS:**

1. Public warning will come over the radio, television or five minute steady blasts by the Civil Defense Warning System.
2. Get away from the outer perimeter of the building and exterior glass.
3. Close the doors to exterior offices and conference rooms.
4. Seek refuge in stairwells, bathrooms or lower levels.
5. Listed below are storm tracking information sites available:

<https://kstp.com/interactiveradar/>

<https://www.kare11.com/>

### **WINTER WEATHER:**

1. Listen to the radio, a weather radio or the television.
2. Dress for winter weather. Wear layers of loose-fitting, warm clothing.
3. The Minnesota Department of Transportation has implemented a website to keep you up-to-date on winter road conditions: <https://lb.511mn.org/mnlb/winterdriving/routeselect.jsf>; <https://hb.511mn.org/>

**SUMMER WEATHER:****Tips for Preventing Heat Related Illness**

1. Drink more fluids (nonalcoholic), regardless of your activity level. Don't wait until you're thirsty to drink. Warning: If your doctor generally limits the amount of fluid you drink or has you on water pills, ask how much you should drink while the weather is hot.
2. Don't drink liquids that contain alcohol or large amounts of sugar—these cause you to lose more body fluid. Also, avoid very cold drinks, because they can cause stomach cramps.
3. Stay indoors and, if possible, stay in an air-conditioned place. If your home does not have air conditioning, go to the shopping mall or public library—even a few hours spent in air conditioning can help your body stay cooler when you go back into the heat. Call your local health department or Red Cross chapter to see if there are any heat-relief shelters in your area.
4. Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath, or moving to an air-conditioned place is a much better way to cool off.
5. Wear lightweight, light-colored, loose-fitting clothing.
6. NEVER leave anyone in a closed, parked vehicle.
7. Although anyone can suffer from heat-related illness, some people are at greater risk than others.

Check regularly on:

- Infants and young children
  - People aged 65 or older
  - People who have a mental illness
  - Those who are physically ill, especially with heart disease or high blood pressure
8. Visit at-risk adults at least twice a day and watch them for signs of heat exhaustion or heat stroke. Infants and young children, of course, need much more frequent attention.
  9. If you must be out in the heat:
    - Limit your outdoor activity to morning and evening hours
    - Cut down on exercise. If you must exercise, drink two-to-four glasses of cool, nonalcoholic fluids each hour. A sports beverage can replace the salt and minerals you lose in sweat.

Warning: If you are on a low-salt diet, talk with your doctor before drinking a sports beverage. Remember the warning in the first “tip” (above).

- Try to rest often, in shady areas
- Protect yourself from the sun by wearing a wide-brimmed hat (also keeps you cooler) and sunglasses and by putting on sunscreen of SPF 15 or higher (the most effective products say “broad spectrum” or “UVA/UVB protection” on their labels).

## MEDICAL EMERGENCIES

### IN THE EVENT OF AN ACCIDENT OR SERIOUS ILLNESS:

1. Call 911 and state that you need medical assistance and provide the following information:
  - a. Building Name: 10 West End
  - b. Building Address: 1601 Utica Avenue South, St. Louis Park, 55416
  - c. Company Name, Suite and Floor Number
  - d. Location of Emergency
  - e. Details regarding the Accident or Illness.
2. DO NOT move the injured or ill person. Try to make them comfortable.
3. Call Ryan Companies US, Inc. at (612) 492-4444 and give your name, the location and extent of the emergency. **It is very important that an accident report form is filled out before the person leaves the accident scene.**

### NON EMERGENCIES:

If anyone reports a non-emergency fall, slip or any other accident to you, please call the Ryan Companies US, Inc. Office at (612) 492-4444. **It is very important that an accident report form is filled out before the person leaves the accident scene.**

## **ELEVATOR EMERGENCIES**

In the event of an elevator malfunction:

1. Remain calm – the elevator will remain in place with continued air supply.
2. Push the “Call Out” button on the panel (which also has the floor buttons) inside the elevator and an operator will answer. They will know where you are. Tell the operator what floor you are the nearest to.
3. Answer the telephone in the elevator if it rings.
4. **DO NOT** try to open an elevator door or climb out of the elevator.
5. Should a medical emergency take place while in a malfunctioning elevator, have the elevator repair service call 911 to explain the medical condition, as you cannot dial out on the elevator phone.
6. Someone will be in touch with you by phone or from outside the elevator.
7. Passengers will be assisted as soon as possible.

## **IN THE EVENT OF A BUILDING OR FLOOR EVACUATION:**

1. Keep Calm.
2. Aid physically disabled personnel into the stairwell only; the Fire Department will evacuate them from the building.
3. Close the door to your office when you leave.
4. **DO NOT** return for coats, purses, etc...once you have left your office.
5. Form an Evacuation Line – two abreast.
6. Use stairwell for evacuation.
7. **DO NOT** use the elevators.
8. **DO NOT** run or create panic.
9. Keep talking to a minimum.
10. Listen for instructions and follow them.
11. In stairwell, watch for the Fire Department and other emergency personnel coming up the stairwell for further instructions.

12. Prepare to merge with others evacuating the building.
13. Once out of the building, move to a safe location, or where directed, away from the emergency, and wait for further instructions.
14. DO NOT return to your office until “ALL CLEAR” has been given by the Fire Department, Emergency Response Agency or Ryan Companies US, Inc.

## **IN THE EVENT OF A SHOOTER IN THE BUILDING:**

### **Evacuate**

If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

1. Warn individuals not to enter an area where the active shooter may be.
2. Have an escape route and plan in mind.
3. Evacuate regardless of whether others agree to follow.
4. Leave your belongings behind.
5. Help others escape, if possible.
6. Keep your hands visible.
7. Follow the instructions of any police officers.
8. Do not attempt to move wounded people.
9. Call 911 when it is safe to do so.

### **Hide Out**

If safe evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:

1. Be out of the active shooter’s view.
2. Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door).
3. Not trap you or restrict your options for movement.

4. To prevent an active shooter from entering your hiding place:
  - a. Lock the door.
  - b. Blockade the door with heavy furniture.
  - c. Close, cover, and move away from windows.

### **Keeping Yourself Safe While Hiding**

If the active shooter is nearby:

1. Lock the door.
2. Silence your cell phone and/or pager. (Even the vibration setting can give away a hiding position.)
3. Hide behind large items (i.e., cabinets, desks).
4. Remain quiet.
5. Consider the difference between cover and concealment. Cover will protect from gunfire and concealment will merely hide you from the view of the shooter. Choose the best space that is available quickly.

### **When it is safe to do so call 911**

When possible, provide the following information to law enforcement officers or 911 operators:

1. Location of the active shooter.
2. Number of shooters, if more than one.
3. Physical description of the shooter(s).
4. Number and type of weapons held by the shooter(s).
5. Number of potential victims at the location.



## **BOMB THREAT INFORMATION**

### **IN THE EVENT A BOMB THREAT IS RECEIVED:**

1. Call 911 and then when it is safe to do so call Ryan Companies US, Inc. at (612) 492-4444.
2. When a telephone call is received, try to remember as much information about the caller as you can. Fill in as many items as possible on the “Bomb Threat Checklist” immediately after the call.
3. Should it be necessary to evacuate the premises, you will be directed to do so by St. Louis Park and/or Golden Valley Police Department or their Fire Department.
4. Personnel occupying any area are the most familiar with it and should be aware of their surroundings and would notice strange persons or packages. This should be reported to those in charge.

### **BOMB THREAT CHECKLIST**

Be Calm and Be Courteous. Listen; DO NOT interrupt the caller. Pretend difficulty with hearing - Keep Caller Talking – If caller seems agreeable to further conversation, ask questions such as:

Where is the bomb?

When will it go off?

What kind of bomb is it?

What is the method of activation? (Mechanical, movement of clock, chemical reactions, etc...)

What kind of package or box?

What is the method of deactivation?

How do you know so much about the bomb?

What is your name and where do you live?

Have there or will there be other call?

How old are you?

CALLERS IDENTITY: Male\_\_\_\_\_ Female\_\_\_\_\_ Age\_\_\_\_\_

ORIGIN OF CALL: Local\_\_\_\_\_ Long Distance\_\_\_\_\_ Booth\_\_\_\_\_  
International\_\_\_\_\_ Other\_\_\_\_\_

VOICE CHARACTERISTICS: Loud\_\_\_\_\_ High Pitch\_\_\_\_\_ Deep\_\_\_\_\_  
Raspy\_\_\_\_\_ Intoxicated\_\_\_\_\_ Soft\_\_\_\_\_  
Pleasant\_\_\_\_\_ Other\_\_\_\_\_

SPEECH: Fast\_\_\_\_\_ Distorted\_\_\_\_\_ Nasal\_\_\_\_\_  
Stutter\_\_\_\_\_ Slow\_\_\_\_\_ Lisp\_\_\_\_\_ Other\_\_\_\_\_

LANGUAGE: Excellent\_\_\_\_\_ Fair\_\_\_\_\_ Foul\_\_\_\_\_  
Good\_\_\_\_\_ Poor\_\_\_\_\_  
Other\_\_\_\_\_

MANNER: Calm\_\_\_\_\_ Rational\_\_\_\_\_ Incoherent\_\_\_\_\_  
Angry\_\_\_\_\_ Emotional\_\_\_\_\_ Righteous\_\_\_\_\_  
Other\_\_\_\_\_

BACKGROUND:\_\_\_\_\_

\_\_\_\_\_

OTHER:\_\_\_\_\_

\_\_\_\_\_

# Property & Personal Injury – Accident Report



PURPOSE: To provide all parties involved the necessary information in the event of an accident. This form needs to be completed and submitted within 24 hours of an incident. (Reminder of Items to be Submitted with Report: Take pictures and if available submit copy of video footage )

## ACCIDENT REPORT

### Submit To:

RYAN COMPANIES US, INC. FAX: (612) 492-3501 or E-MAIL: <a href="mailto:Rence.Pinkney@RyanCompanies.com">Rence.Pinkney@RyanCompanies.com</a>
---

**Building Name:** 10 West End, LLC

**Building Address:** 1601 Utica Ave S, St. Louis Park, MN 55416

**Name of Person Reporting Incident:** \_\_\_\_\_

**Property Manager:** Renee Pinkney      **Type of Property:** Office Building

**Date and Time of Incident:** \_\_\_\_\_

**Location of Incident:** (Be as specific as possible)

### Details of Incident:

Describe what happened and how it occurred:

Describe Environment/Weather at Time of Incident:

### If Bodily Injury:

Name of Injured Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

**Bodily Injury Continued:**

Does the Injured Party Work In the Building? ☐ Yes ☐ No

If yes, what is the name of their employer: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Part of Body that was injured: \_\_\_\_\_

If incident involved a slip or fall, what type of shoes were worn? \_\_\_\_\_

Were they carrying personal belongings? \_\_\_\_\_

Type of Medical Response

☐ Emergency ☐ Clinic Visit ☐ First Aid ☐ Unknown

**Witnesses, If Any:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**If Property Damage /Theft/Vandalism:**

Type of Incident ☐ Theft ☐ Building Damage ☐ Vehicle Damage

Owner of Property \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ VIN Number \_\_\_\_\_

Description of Property: \_\_\_\_\_

Description of Damage: \_\_\_\_\_

Preliminary Estimated Value \_\_\_\_\_ Preliminary Estimated Damage \_\_\_\_\_

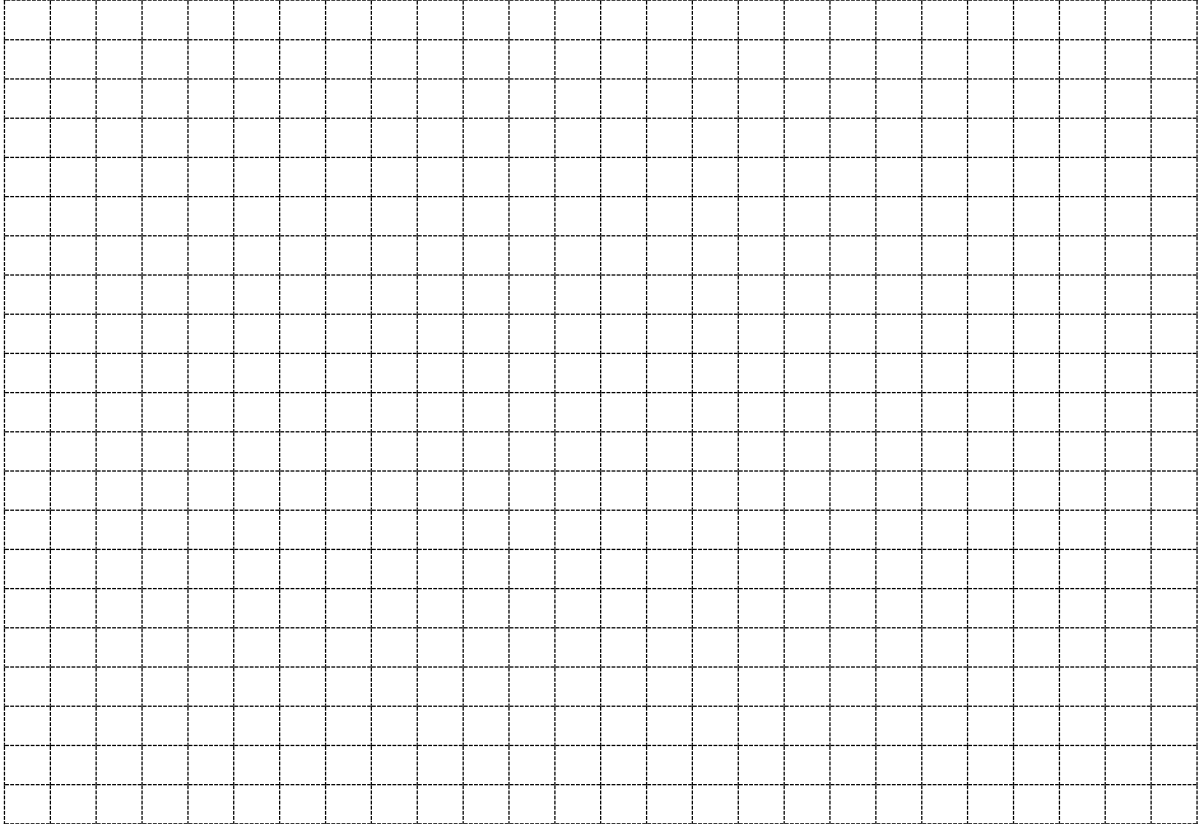
Was a police report filed? ☐ Yes ☐ No Police Report Number: \_\_\_\_\_

**Witnesses, If Any:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**DRAW AERIAL AN VIEW PICTURE OF THE ACCIDENT SITE AND LABEL**

A large grid of 20 columns and 20 rows, intended for drawing an aerial view of an accident site. The grid is composed of small squares, each defined by a dotted line.

Date of Report \_\_\_\_\_ Person Completing Report: (Print Name) \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

### Internal Use Only

#### Prevention/Corrective Action Taken:

Description (Work Order Number if Applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Documentation Information:

1. Pictures (site, equipment, individual)    YES ☐    NO ☐    Number of pictures taken \_\_\_\_\_
2. Labeled Sketch of Incident Site    YES ☐    NO ☐
3. Copy of Video Footage    YES ☐  
NO ☐
4. Witness Statements    YES ☐    NO ☐
5. Weather Condition Reports    YES ☐    NO ☐
  - i. Obtain weather report from [www.wunderground.com](http://www.wunderground.com) for day of event
  - ii. Local weather reports from day of the event
6. Was a Police Report Obtained    YES ☐    NO ☐    Police Report Number \_\_\_\_\_
7. Other Documentation Items \_\_\_\_\_
8. Location of Files \_\_\_\_\_
9. Date All Information was Sent to Ryan Claims Administrator and or Third Party Owner \_\_\_\_\_

# Property & Personal Injury – Accident Report



PURPOSE: To provide all parties involved the necessary information in the event of an accident. This form needs to be completed and submitted within 24 hours of an incident. (Reminder of Items to be Submitted with Report: Take pictures and if available submit copy of video footage )

## ACCIDENT REPORT

### Submit To:

RYAN COMPANIES US, INC.  
FAX: (612) 492-3501 or  
E-MAIL: [Rence.Pinkney@RyanCompanies.com](mailto:Rence.Pinkney@RyanCompanies.com)

**Building Name:** 10 West End, LLC

**Building Address:** 1601 Utica Ave S, St. Louis Park, MN 55416

**Name of Person Reporting Incident:** \_\_\_\_\_

**Property Manager:** Renee Pinkney      **Type of Property:** Office Building

**Date and Time of Incident:** \_\_\_\_\_

**Location of Incident:** (Be as specific as possible)

### Details of Incident:

Describe what happened and how it occurred:

Describe Environment/Weather at Time of Incident:

### If Bodily Injury:

Name of Injured Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

**Bodily Injury Continued:**

Does the Injured Party Work In the Building? ☐ Yes ☐ No

If yes, what is the name of their employer:\_\_\_\_\_

Type of Injury:\_\_\_\_\_

Part of Body that was injured:\_\_\_\_\_

If incident involved a slip or fall, what type of shoes were worn?\_\_\_\_\_

Were they carrying personal belongings?\_\_\_\_\_

Type of Medical Response

☐ Emergency ☐ Clinic Visit ☐ First Aid ☐ Unknown

**Witnesses, If Any:**

Name\_\_\_\_\_

Address\_\_\_\_\_Phone\_\_\_\_\_

**If Property Damage /Theft/Vandalism:**

Type of Incident ☐ Theft ☐ Building Damage ☐ Vehicle Damage

Owner of Property\_\_\_\_\_

Address\_\_\_\_\_Phone\_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year\_\_\_\_\_

Color\_\_\_\_\_VIN Number \_\_\_\_\_

Description of Property:\_\_\_\_\_

Description of Damage:\_\_\_\_\_

Preliminary Estimated Value\_\_\_\_\_ Preliminary Estimated Damage\_\_\_\_\_

Was a police report filed? ☐ Yes ☐ No Police Report Number:\_\_\_\_\_

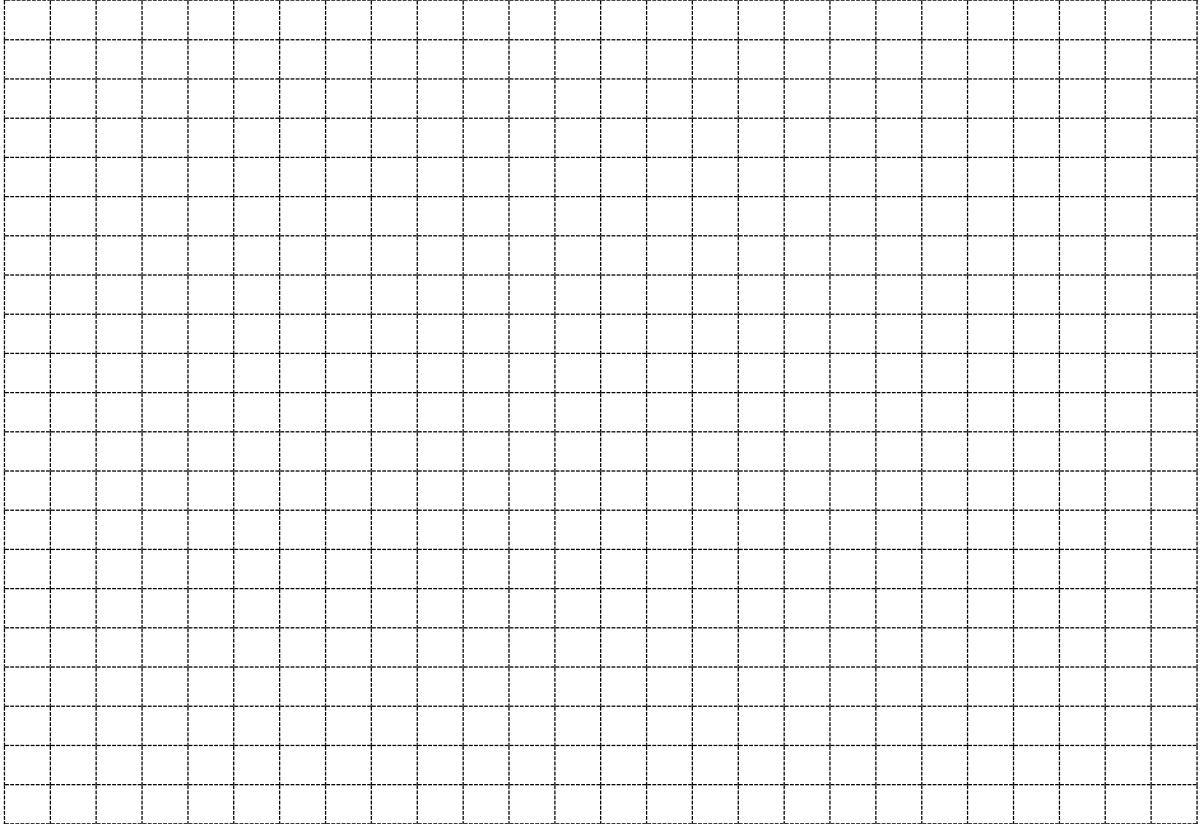
**Witnesses, If Any:**

Name\_\_\_\_\_

Address\_\_\_\_\_Phone\_\_\_\_\_



**DRAW AERIAL AN VIEW PICTURE OF THE ACCIDENT SITE AND LABEL**

A large grid of 20 columns and 20 rows, intended for drawing an aerial view of an accident site. The grid is composed of small squares, each defined by a dotted line.

Date of Report \_\_\_\_\_ Person Completing Report: (Print Name) \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

## Internal Use Only

### Prevention/Corrective Action Taken:

Description (Work Order Number if Applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Documentation Information:

1. Pictures (site, equipment, individual)    YES ☐    NO ☐    Number of pictures taken \_\_\_\_\_
2. Labeled Sketch of Incident Site    YES ☐    NO ☐
3. Copy of Video Footage    YES ☐  
NO ☐
4. Witness Statements    YES ☐    NO ☐
5. Weather Condition Reports    YES ☐    NO ☐
  - i. Obtain weather report from [www.wunderground.com](http://www.wunderground.com) for day of event
  - ii. Local weather reports from day of the event
6. Was a Police Report Obtained    YES ☐    NO ☐    Police Report Number \_\_\_\_\_
7. Other Documentation Items \_\_\_\_\_
8. Location of Files \_\_\_\_\_
9. Date All Information was Sent to Ryan Claims Administrator and or Third Party Owner \_\_\_\_\_



# 10 WEST END AUTHORIZED ACTIVITY REPORT



Tenant shall complete and return this form to Ryan Companies Management **24 hours** prior to request time. All after hours work requires this activity report documentation. For work involving common building areas and equipment, **a current certificate of insurance for the contractor/vendor must be attached.**

**Date of Activity:** \_\_\_\_\_  
**Tenant:** \_\_\_\_\_  
**Tenant Contact:** \_\_\_\_\_  
**Suite #:** \_\_\_\_\_  
**Time:** Beginning \_\_\_\_\_:\_\_\_\_\_ ☐ am ☐ pm Ending \_\_\_\_\_:\_\_\_\_\_ ☐ am ☐ pm

**Contractor/Vendor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Description of Work:** ☐ Delivery ☐ Equipment Maintenance  
☐ Vendor Work in Suite ☐ Other (Please Note In Special Instructions)

**Special Instructions** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Requirements: These activities require pre-approval from Ryan Companies. You will be notified upon approval.**

- ☐ Furniture Move ☐ Minor Electrical Work  
☐ Minor Plumbing Work ☐ Painting/Spraying/Sanding

Do you need Smoke Detectors Disabled?

Service Elevator Reservation Required?

Do you need extra ventilation?

YES	NO	Start	Finish
<input type="checkbox"/>	<input type="checkbox"/>	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/>	<input type="checkbox"/>	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/>	<input type="checkbox"/>	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm

**Please check appropriate box following each question.**

Is Security authorized to allow contractor/vendor access to your suite?

**YES** ☐ **NO** ☐

Dock access required? (Maximum time limit of 20 minutes)

☐ ☐

Authorized Tenant Contact \_\_\_\_\_

Afterhours Phone # \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## OFFICE USE ONLY

**Ryan Companies Authorization**

**Date**

**ATTENTION:**

- ☐ Property Management ☐ Security/Dock ☐ Janitorial ☐ Engineering  
☐ Certificate of Insurance?

**ACORD****CERTIFICATE OF LIABILITY INSURANCE**Issue Date:  
January 1, 2021**PRODUCER:****SAMPLE**Sample Insurance Agency  
1200 Main Street  
Phoenix, AZ 85016  
FAX: (602) 555-1000 Phone: (602) 555-1100  
Contact: Bill Johnson**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION****ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.  
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE  
COVERAGE AFFORDED BY THE POLICIES BELOW****COMPANIES AFFORDING COVERAGE****INSURED:**Vendor Name on Contract  
1500 Industrial Boulevard  
Phoenix, AZ 85016

COMPANY A Dependable Casualty Insurance Company

COMPANY B Dependable Indemnity Company

COMPANY C Global Indemnity Company

COMPANY D

COMPANY E

**Coverages**

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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	Policy Effective Date	Policy Expiration Date	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & Contractor's Prot <input checked="" type="checkbox"/> General Agg - Per Project <input type="checkbox"/>	GL1234567	1/1/21	12/31/21	GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS-COMP OPS AGG.	\$
					PERSONAL & ADV. INJURY	\$ 2,000,000
					EACH OCCURRENCE	\$ 2,000,000
					FIRE DAMAGE (ANY ONE FIRE)	\$ 50,000
					MED. EXPENSE (ANY ONE PERSON)	\$ 5,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability	AL1234567	1/1/21	12/31/21	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (PER PERSON)	\$
					BODILY INJURY (PER ACCIDENT)	\$
					PROPERTY DAMAGE	\$
B	<b>EXCESS LIABILITY</b> Umbrella Form <input type="checkbox"/> Other than Umbrella Form	UMX1234567	1/1/21	12/31/21	Comprehensive Deductible	\$
					EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
C	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC1234567	1/1/21	12/31/21	X WC Statutory Limits	
					Other	
					EL EACH ACCIDENT	\$ 500,000
					EL DISEASE - POLICY LIMIT	\$ 500,000
A	<b>OTHER</b>				EL DISEASE - EACH EMPLOYEE	\$ 500,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Certificate applicable to work performed at 1601 Utica Ave S., Suite 220 St. Louis Park, MN 55416

10 West End, LLC, as Owner and Ryan Companies US Inc. Shall be named as additional insured on the above Commercial General Liability, Auto Liability and Umbrella/Excess Liability policies.

**CERTIFICATE HOLDER**10 West End, LLC  
c/o Ryan Companies US, Inc.  
1601 Utica Ave S., Suite 220  
St. Louis Park, MN 55416  
Attn: Mikayla Jacobson

Email: Mikayla.Jacobson@ryancompanies.com

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Signature

**ACORD****CERTIFICATE OF LIABILITY INSURANCE**Issue Date:  
January 1, 2013**PRODUCER:****SAMPLE**Sample Insurance Agency  
1200 Main Street  
Phoenix, AZ 85016  
FAX: (602) 555-1000 Phone: (602) 555-1100  
Contact: Bill Johnson**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION****ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.  
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE  
COVERAGE AFFORDED BY THE POLICIES BELOW****COMPANIES AFFORDING COVERAGE****INSURED:**Tenant Name on Lease  
1500 Industrial Boulevard  
Phoenix, AZ 85016

COMPANY A	Dependable Casualty Insurance Company
COMPANY B	Dependable Indemnity Company
COMPANY C	Global Indemnity Company
COMPANY D	
COMPANY E	

**Coverages**

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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	Policy Effective Date	Policy Expiration Date	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & Contractor's Prot <input checked="" type="checkbox"/> General Agg - Per Project <input type="checkbox"/>	GL1234567	1/1/18	12/31/18	GENERAL AGGREGATE	\$ per lease
					PRODUCTS-COMP OPS AGG.	\$ per lease
					PERSONAL & ADV. INJURY	\$ per lease
					EACH OCCURRENCE	\$ per lease
					FIRE DAMAGE (ANY ONE FIRE)	\$ per lease
					MED. EXPENSE (ANY ONE PERSON)	\$ per lease
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability	AL1234567	1/1/18	12/31/18	COMBINED SINGLE LIMIT	\$ per lease
					BODILY INJURY (PER PERSON)	\$ per lease
					BODILY INJURY (PER ACCIDENT)	\$ per lease
					PROPERTY DAMAGE	\$ per lease
					Comprehensive Deductible	\$ per lease
B	<b>EXCESS LIABILITY</b> Umbrella Form <input type="checkbox"/> Other than Umbrella Form	UMX1234567	1/1/18	12/31/18	EACH OCCURRENCE	\$ per lease
					AGGREGATE	\$ per lease
C	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC1234567	1/1/18	12/31/18	X WC Statutory Limits	Other
					EL EACH ACCIDENT	\$ per lease
					EL DISEASE - POLICY LIMIT	\$ per lease
					EL DISEASE - EACH EMPLOYEE	\$ per lease
A	<b>OTHER</b>				per lease	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Certificate applicable to premises located at 1601 Utica Ave S., Suite 220 St. Louis Park, MN 55416

10 West End, LLC, as Owner and Ryan Companies US Inc. Shall be named as additional insured on the above Commercial General Liability, Auto Liability and Umbrella/Excess Liability policies.

**CERTIFICATE HOLDER**10 West End, LLC  
c/o Ryan Companies US, Inc.  
1601 Utica Ave S., Suite 220  
St. Louis Park, MN 55416  
Attn: Mikayla Jacobson

Email: Mikayla.Jacobson@ryancompanies.com

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Signature