



Tenant Guidelines for Vendor Access Requests & Deliveries

Our guidelines related to using the loading dock/freight elevator are consistent with regular building policies. Please review guidelines below when scheduling any deliveries, vendors or contractors.

Delivery Guidelines:

- We require a Vendor Access Request Form and Certificate of Insurance for any vendors or one- off deliveries. These documents must be submitted to our property email: 222_500propertyinfo@oxfordproperties.com at least 72 hours in advance. building (moving companies, IT, etc.) When applicable, union labor must be used.
- All vendors that deliver to your office on a weekly basis do not require a VARF but are required to provide a valid COI to use our dock/freight services. As a tenant, you will be responsible for getting these updated and sending to our property email: 222_500propertyinfo@oxfordproperties.com.
- All food deliveries during regular business hours will need to go through the dock. After-hours deliveries should come through the main lobby and can either be granted access to your floor via the freight elevator or, they can come down to the main lobby to retrieve their delivery.
- Loading dock hours of operation are 6am-6pm M-F. Building hours of operation are 8am-6pm M-F.
- Loading dock restrictions for deliveries during building hours of operations are one trip up/down the freight and a 20-minute time limit in the loading dock. Deliveries that require more than one trip up/down the freight and more than 20 minutes in the loading dock must be scheduled after hours.
- Deliveries scheduled between 6pm-6am M-F and 24/7 on Sat/Sun are subject to a security detail charge of \$47/hour with a 4-hour minimum. Deliveries scheduled between 6am-8am M-F are not subject to a security detail charge but the delivery must be complete by 8am.
- All deliveries on a pallet must be met in the dock by a representative of your company and escorted to your space.
- We cannot sign for or accept packages/deliveries on behalf of the tenant.

Tenant Space & Construction Access:

- If you require a contractor to work within your space, they will need to have all personnel check in at the loading dock to verify they are on the schedule, have a valid COI on file.
- Any investigative work or actual work that requires access to another tenant's space must be performed after hours, subject to a security detail charge of (\$47/hour with a 4-hour minimum). Access forms for these types of requests must be submitted at least 72 hours in advance. These types of access requests will be required to clean and disinfect all affected areas upon completion of work, no later than 8 am.



Visitor Guidelines

- All building visitors must be entered into the Visitor Management portal in Building Engines in advance.
 - Please note that for vendors, which includes people performing work in your space or making a delivery, a Vendor Access Form must be submitted and should not be entered as a visitor. Refer to Vendor Access/Delivery Guidelines for further details.
- Upon arrival, visitors must check in at the security desk and present a valid Government Issued ID. Once verified against Security’s expected visitors list, visitors will be given a visitor badge that grants them access to the elevator lobby turnstiles where they can proceed to their destination.
 - Please note: if you are a full floor tenant and your elevator floor is secured during regular business hours, a representative from your firm must come down to the lobby to retrieve your visitor(s).
- Visitor badges expire at the end of the day. Multi-day visitors must be entered each day they are expected.

Vendor Access Guidelines

Our process for Vendor Access to the building is different than regular visitors; we will need you to fill out the Vendor Access Form below and return it to the Property email (222_500propertyinfo@oxfordproperties.com). Along with a valid Certificate of Insurance that must be a union company.

Oxford Properties Group
222 Berkeley/500 Boylston
Boston, MA 02116
Tel. (617) 316-1700



Vendor Access and Service Request

Tenant Name : _____ Date Start/End : _____
 Tenant Contact Person : _____ Time Start/End : _____
 Tenant Contact Phone: _____ Access To (Floors): _____
 Alternate Tenant Phone: _____

The following individuals will be allowed into the building at the Date(s) and Time(s) shown above:

| Company Name | Contact / Phone | Company Name | Contact / Phone |
|--------------|-----------------|--------------|-----------------|
| | | | |
| | | | |
| | | | |

Description of work being performed

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Support Services Required (Please indicate time and dates)

Sprinkler Valve Shutdown*: _____ Mech/Elec Room Access: _____
 Fire Alarm Control*: _____ Telephone Closet Access: _____
 Bldg Engineer/Mechanic*: _____ Roof Access: _____
 Building Security*: _____ Special Cleaning*: _____
 Freight Elevator Use*: _____ Loading Dock: _____

* Any open flame or noise generating work will be completed off hours (6:00pm- 8:00 am).
 *Service is billable to tenant

For Oxford Use Only

| |
|---|
| Fire alarm services scheduled: _____ Hot Work Permit Issued: _____ Valid BFD Permit: _____ Cleaning Scheduled _____ |
| Freight scheduled: _____ Loading Dock _____ Security Detail Scheduled: _____ Engineer Scheduled: _____ |
| Oxford Comments: _____ |
| Insurance on file: _____ Yes _____ No |
| Approved By: _____ |



Tenant Guidelines for Vendor Access Requests & Deliveries

| | |
|---|---|
| SE-1 H: 120" W: 74" D: 75" Door clearance: 46" Floor Served: P2-25 | SE-2 H: 120" W: 92" D: 64 Door Clearance: 48" Floors Served: Loading dock, P2 2 nd floor |
| SE-3 H: 114" W: 76" D: 76" Door Clearance: 58.5" Floor served: Loading dock - 7 | SE-4: H: 96" W: 93" D: 54" Door Clearance: 48" Floor served: 1, Loading Dock, 2 |
| Passenger Elevators H: 106" W: 78" D: 62.5" Door Clearance: 46" | Floors Served: Low-Rise, # 1-4: 1-6 Mid-Rise, # 5-9: 1 & 6-18 High-Rise, #10-13: 1 & 19- 25 |

Freight Elevator Measurements

500 Boylston Elevators

222 Berkeley Elevators

| | |
|---|---|
| SE-A H: 142" W: 62" D: 92" Door Clearance: 48" Floors Served: P2-22 | SE-B H: 122" W: 62" D: 76" Door Clearance: 48" Floors Served: P2-2 |
| Passenger Elevators H: 107" W: 78.5" D: 62.5" Door Clearance: 42" | Floors Served: Low Rise: Car A: 1-7 Cars B & C: 1, 3-7 High-Rise, Car D-H: 1,7-22 |

Tenant Guidelines for Vendor Access Requests & Deliveries

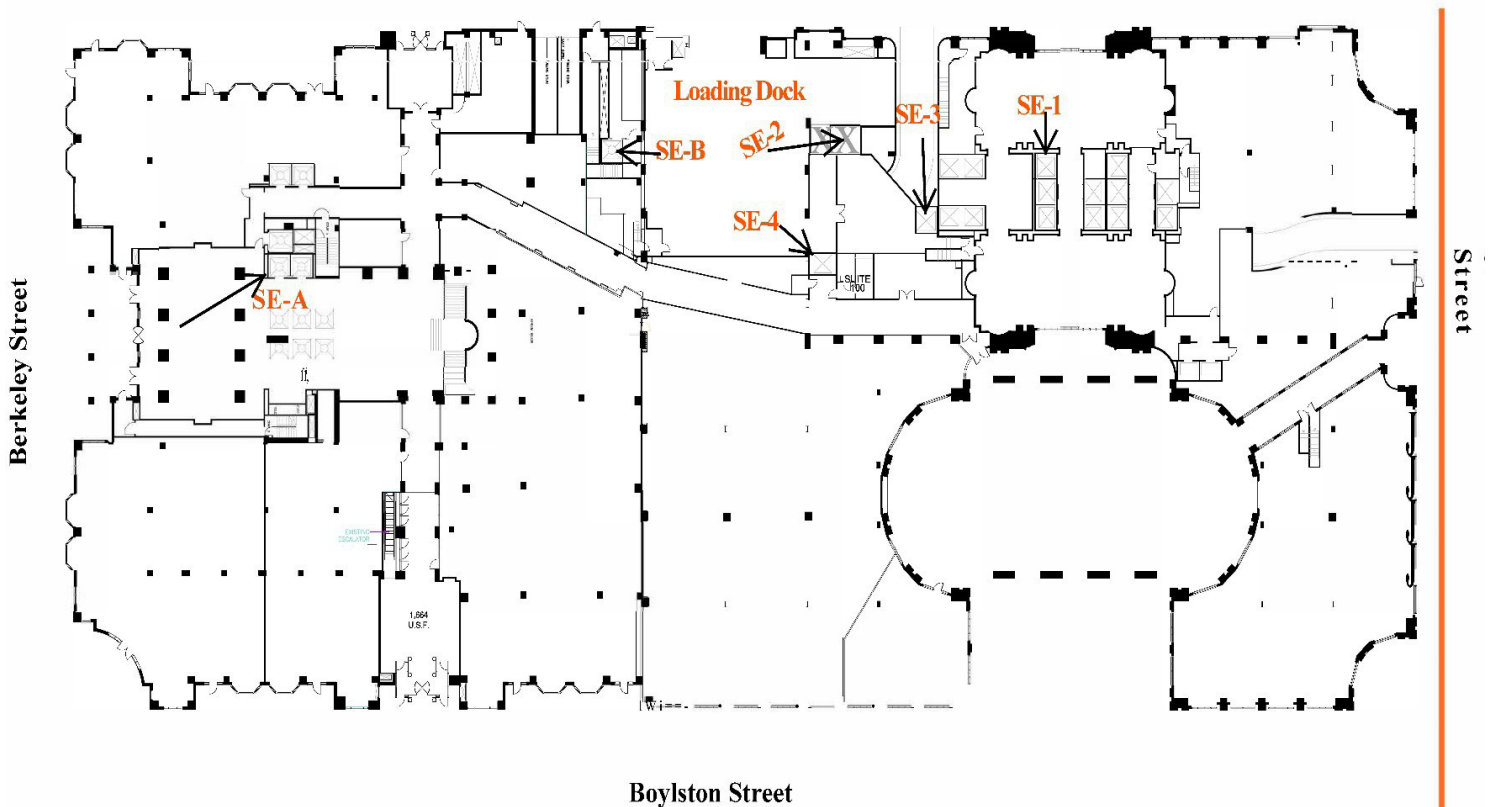
Loading Dock Restrictions

500 BOYLSTON STREET & 222 BERKELEY ST - FLOOR 1

500 BOYLSTON STREET
FLOOR 1
BOSTON MA 02116



St. James Ave.





Tenant Guidelines for Vendor Access Requests & Deliveries

Loading Dock:

Middle bay height 13.6"

Side Bays height 13.2"

Maximum truck size accommodates (in middle bay):

53' semi with the cab unhitched



Tenant Guidelines for Vendor Access Requests & Deliveries

| CERTIFICATE OF INSURANCE | | | | | ISSUE DATE (MM/DD/YY) | | | | | | | | | | | | |
|---|--|---|----------------------------------|--|---|-------------------------|-------------|----------------------------|-------------|------------------------------|-------------|-----------------------|-------------|-------------------|-------------|---------------------|--|
| PRODUCER 500 Boylston/222 Berkeley Vendor Sample | | 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 | | | | | | | | | | | | | | | |
| | | COMPANY | LETTER | A | | | | | | | | | | | | | |
| | | COMPANY | LETTER | B | | | | | | | | | | | | | |
| INSURED | | COMPANY | LETTER | C | | | | | | | | | | | | | |
| | | COMPANY | LETTER | D | | | | | | | | | | | | | |
| | | COMPANY | LETTER | E | | | | | | | | | | | | | |
| COVERAGE'S 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 | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | | | | | |
| <input type="checkbox"/> | GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: x-small;">EACH OCCURRENCE</td><td style="font-size: x-small;">\$5,000,000</td></tr> <tr><td style="font-size: x-small;">FIRE DAMAGE (Any one fire)</td><td style="font-size: x-small;">\$50,000</td></tr> <tr><td style="font-size: x-small;">MED EXP(Any one person)</td><td style="font-size: x-small;">\$5,000</td></tr> <tr><td style="font-size: x-small;">PERSONAL & ADV INJURY</td><td></td></tr> <tr><td style="font-size: x-small;">GENERAL AGGREGATE</td><td style="font-size: x-small;">\$5,000,000</td></tr> <tr><td style="font-size: x-small;">PRODUCTS-COM/OP AGG</td><td></td></tr> </table> | EACH OCCURRENCE | \$5,000,000 | FIRE DAMAGE (Any one fire) | \$50,000 | MED EXP(Any one person) | \$5,000 | PERSONAL & ADV INJURY | | GENERAL AGGREGATE | \$5,000,000 | PRODUCTS-COM/OP AGG | |
| EACH OCCURRENCE | \$5,000,000 | | | | | | | | | | | | | | | | |
| FIRE DAMAGE (Any one fire) | \$50,000 | | | | | | | | | | | | | | | | |
| MED EXP(Any one person) | \$5,000 | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$5,000,000 | | | | | | | | | | | | | | | | |
| PRODUCTS-COM/OP AGG | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: x-small;">COMBINED SINGLE LIMIT</td><td style="font-size: x-small;">\$2,000,000</td></tr> <tr><td style="font-size: x-small;">BODILY INJURY (Per Person)</td><td style="font-size: x-small;">\$2,000,000</td></tr> <tr><td style="font-size: x-small;">BODILY INJURY (Per Accident)</td><td style="font-size: x-small;">\$2,000,000</td></tr> <tr><td style="font-size: x-small;">PROPERTY DAMAGE</td><td style="font-size: x-small;">\$2,000,000</td></tr> </table> | COMBINED SINGLE LIMIT | \$2,000,000 | BODILY INJURY (Per Person) | \$2,000,000 | BODILY INJURY (Per Accident) | \$2,000,000 | PROPERTY DAMAGE | \$2,000,000 | | | | |
| COMBINED SINGLE LIMIT | \$2,000,000 | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per Person) | \$2,000,000 | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per Accident) | \$2,000,000 | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE | \$2,000,000 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OFFICERS ARE: | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: x-small;">STATUTORY LIMITS</td><td></td></tr> <tr><td style="font-size: x-small;">EACH ACCIDENT</td><td style="font-size: x-small;">\$1,000,000</td></tr> <tr><td style="font-size: x-small;">DISEASE-POLICY LIMIT</td><td style="font-size: x-small;">\$1,000,000</td></tr> <tr><td style="font-size: x-small;">DISEASE-EACH EMPL</td><td style="font-size: x-small;">\$1,000,000</td></tr> </table> | STATUTORY LIMITS | | EACH ACCIDENT | \$1,000,000 | DISEASE-POLICY LIMIT | \$1,000,000 | DISEASE-EACH EMPL | \$1,000,000 | | | | |
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| DISEASE-EACH EMPL | \$1,000,000 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | OTHER | | | | | | | | | | | | | | | | |
| Description of Operations/Locations/Vehicles/Special Items All Commercial General Liability Insurance policies shall name as additional insureds: 500 Boylston & 222 Berkeley Owner (DE) LLC, a Delaware limited liability company; Oxford I Asset Management USA Inc., a Delaware corporation; Back Bay Office Voting Joint Venture (DE) LP, a Delaware limited partnership; OPG Investment Holdings GP (US), LLC, a Delaware limited liability company; and their respective agents, members, partners, employees, officers, directors, shareholders and lenders. | | | | | | | | | | | | | | | | | |
| CERTIFICATE HOLDER 500 Boylston & 222 Berkeley Owner (DE) LLC c/o Oxford Properties Group 222 Berkeley Street Boston, MA 02116 <i>Vendor</i> | | | | CANCELLATION 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 | | | | | | | | | | | | | |



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 Bldg Engineer/Mechanic*: _____ Roof Access: _____
 Building Security*: _____ Special Cleaning*: _____
 Freight Elevator Use*: _____ Loading Dock: _____

Note: *All personal entering the building who have not been fully vaccinated will be prepared to wear a facial covering

* Any open flame or noise generating work will be completed off hours (6:00pm- 8:00 am).
 *Service is billable to tenant

For Oxford Use Only

| |
|---|
| Fire alarm services scheduled: _____ Hot Work Permit Issued: _____ Valid BFD Permit: _____ Cleaning Scheduled _____ |
| Freight scheduled: _____ Loading Dock _____ Security Detail Scheduled: _____ Engineer Scheduled: _____ |
| Oxford Comments: _____ |
| Insurance on file: _____ Yes _____ No |
| Approved By: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Property Manager Lead Engineer Security Supervisor </div> |

Tenant or Approved Signature: _____ Date: _____
 Print: _____

Valid COI must be on file with management office, requirements available upon request
 Remit to Oxford Properties Management 72 hours in advance by email to the following:
 - 222_500propertvinfo@oxfordproperties.com