

CORPORATE & PRIVATE EVENTS



SXSW Center at 1400 Lavaca is the premier location for Corporate and Private Events. We offer a Roof Deck, Lobby, and Outside Deck. The view from our roof deck is unmatched in Austin.

You can book the roof deck and lobby together or separately. We have a large outdoor deck on the 1st floor that can be integrated to accommodate larger events.

Maximum Guests: 300

Full-package includes:
Rental Space, Parking,
Furniture, Security, Clean
Up, & More!

Large Lobby Space



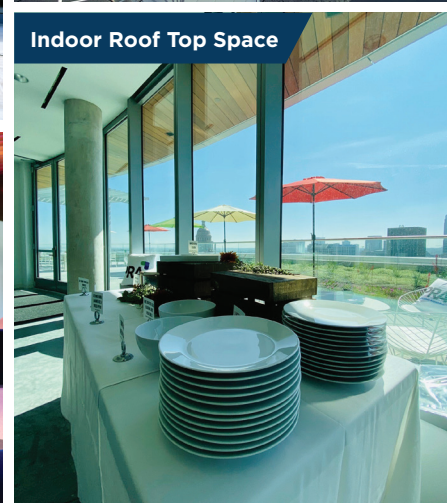
Roof Top Space



Courtyard Space



Indoor Roof Top Space



Best View in Austin



Dazzling Lobby



For more information, please contact us.

(512) 814-3432

gretchen.cabuto@cushwake.com



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QUESTIONNAIRE

1. Date of the Event:
2. Time of the Event: __ : __ am/pm --- __ : __ am/pm
3. Type of Event – birthday, wedding, company party, etc
4. Reservation for Lobby and/or Roof Terrance (circle one or both)
5. Number of attendees:
6. Alcohol involved: Y/N
7. Food involved: Y/N
8. Service Elevator Request? Y/N __ : __ am/pm --- __ : __ am/pm
9. Street Parking or Garage Parking
10. Need Validations? If so, how many? Y/N # ____
11. Will you need to utilize the pantry on the 13th Floor? Y/N
12. Will you be utilizing the serving counter/bar? Y/N
13. Do you need Directional Event Signage from Garage to Lobby and Lobby to Roof? Y/N
14. Do you need any folding tables? (we have 3-4): Y/N # ____
15. Do you need heaters? (we have 6): Y/N # ____
16. Do you need trash bins? (we have 2 large and 3 small): Y/N # ____
17. Pre-Event Walk Thru Date:
18. Rough Schedule of Event (see next page)

Example

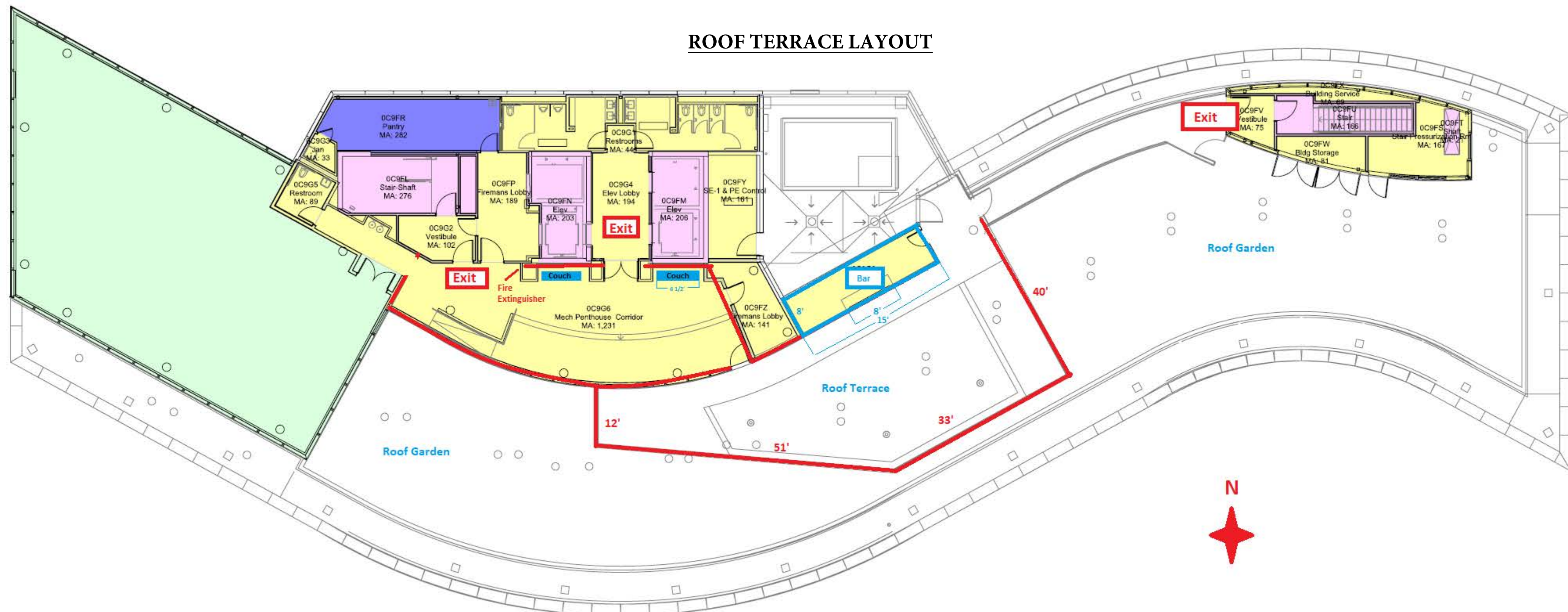
-day/time: pre walk

-day/time: vendor set up

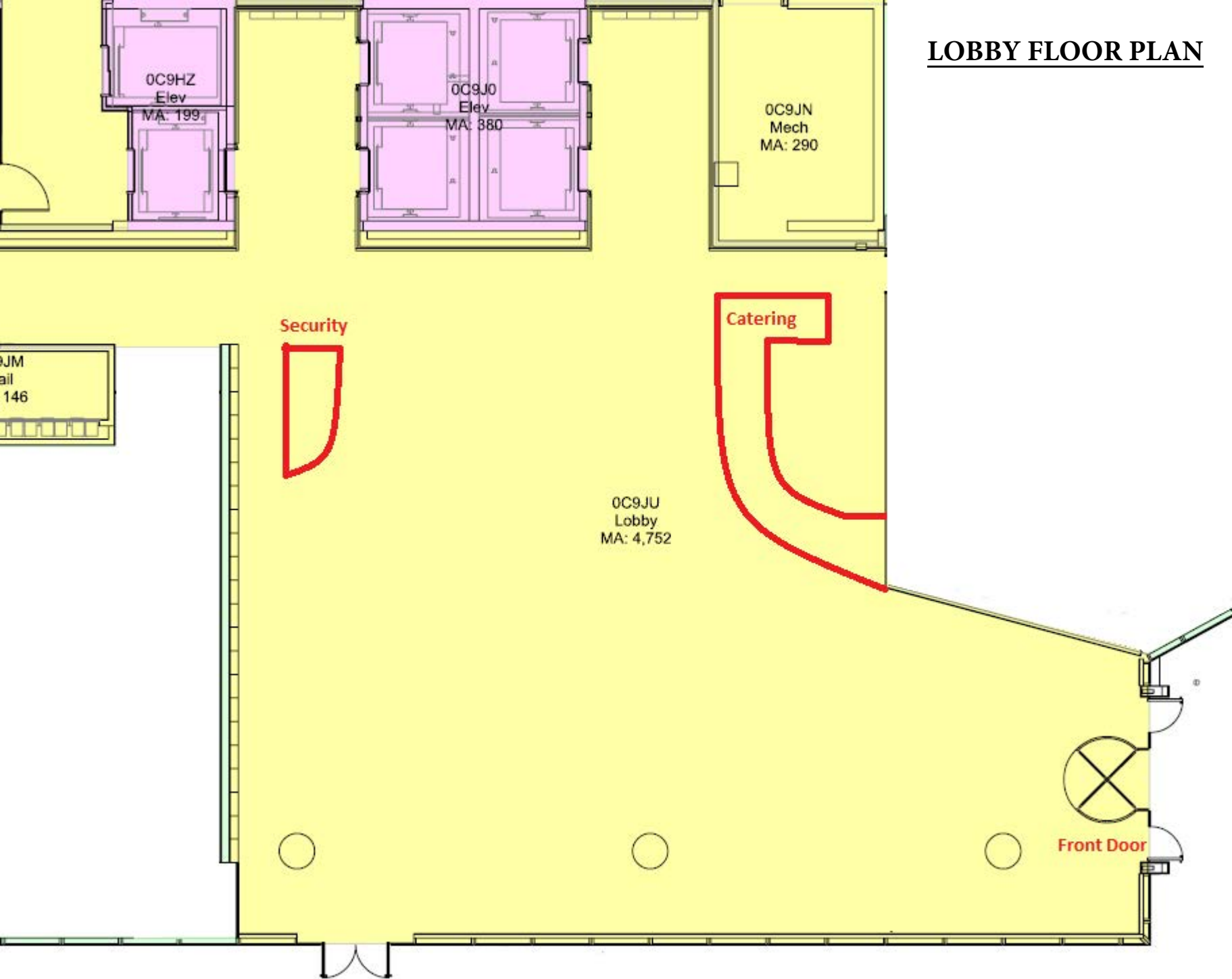
-day/time: guests arrive

-day/time: clean-up/leave

ROOF TERRACE LAYOUT



LOBBY FLOOR PLAN



0C9HZ
Elev

MA: 199

0C9J0
Elev

MA: 380

0C9JN
Mech
MA: 290

JM
Mail
146

Security

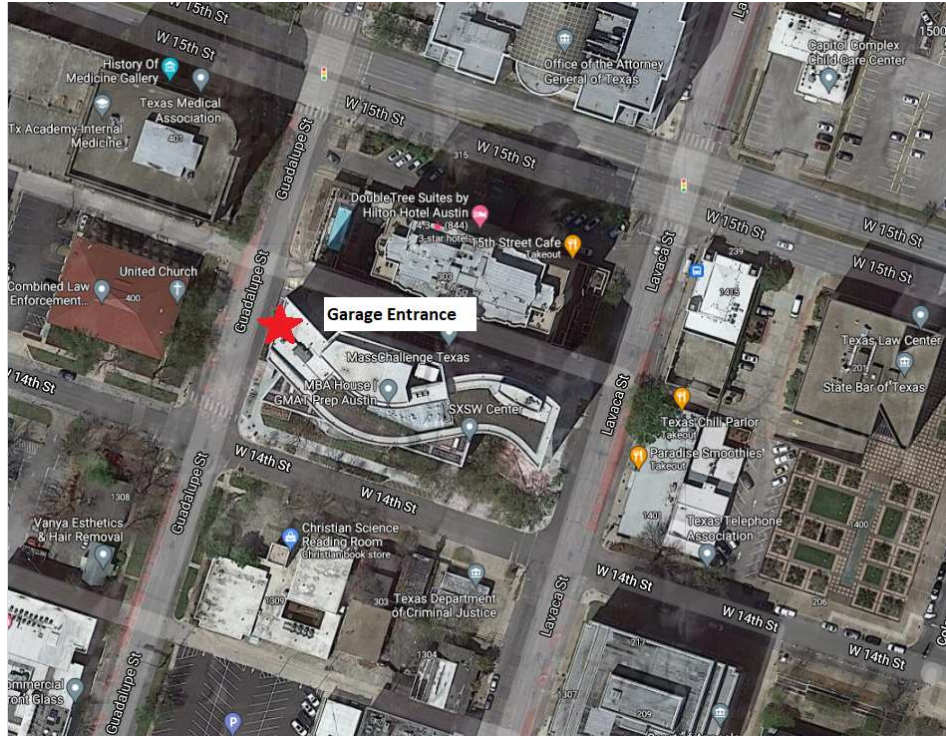
Catering

0C9JU
Lobby
MA: 4,752

Front Door

SXSW Center Event Parking Information

Please pull in garage off Guadalupe Street. Event Staff will be present at entrance.
Please No Overnight Parking.





BUILDING EMERGENCY CONTACTS

Building Door Hours: M-F 7am-7pm, locked Sunday

HVAC Hours: M-F 7am-7pm, Saturday 9am-2pm, off Sunday

During Normal Business Hours

Chief Building Engineer: Michael Emma
Phone: 512.541.6385
Email: michael.emma@cushwake.com

Property Manager: Gretchen Cabuto
Phone: 512.814.3432
Email:
gretchen.cabuto@cushwake.com

Assistant Property Manager: Mersadie
Tallman Phone: 512.370.2444
Email.
mersadie.tallman@cushwake.com

Front Desk Security
M-F 7am-11pm
Phone: 512.987.4739

Outside Normal Business Hours:
512.474.2400



EVENT CONTACTS

Contact #1: _____

Phone: () --- _____

Email: _____

Contact #1: _____

Phone: () --- _____

Email: _____

Contact #1: _____

Phone: () --- _____

Email: _____

Contact #1: _____

Phone: () --- _____

Email: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
CURRENT DATE

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 A. PRODUCER / BROKER NAME AND ADDRESS	CONTACT NAME:			
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
E-MAIL ADDRESS:				
INSURER(S) AFFORDING COVERAGE			NAIC #	
INSURER A : C. INSURER A NAME			D. NAIC #	
INSURED B. NAMED INSURED ENTITY NAME AND ADDRESS	INSURER B : C. INSURER B NAME			D. NAIC #
	INSURER C : C. INSURER C NAME			D. NAIC #
	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	N
E	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LDC OTHER:	K	L	POLICY NUMBER	DATE	DATE	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 100,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	H		POLICY NUMBER	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$
X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	I		POLICY NUMBER	DATE	DATE	EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	POLICY NUMBER	DATE	DATE	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000

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

- Additional Insured: CZ Properties LLC, C/O CUSHMAN & WAKEFIELD US, INC. 200 W Cesar Chavez St, Suite 300, Austin, TX 78701
- Site Address: 1400 Lavaca, Austin, TX 78701
- Primary and Non-Contributory
- Waiver of Subrogation
- 30 Day Notice Of Cancellation

CERTIFICATE HOLDER**CANCELLATION**

CZ Properties LLC C/O CUSHMAN & WAKEFIELD US, INC. 405 Colorado St. Suite 2300 Austin, TX 78701	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 SIGNATURE OF PRODUCER/BROKER