



DATE: _____ Page 1 of _____ pages
TO: _____ FAX: _____
RE: Insurance Requirements for Tenants' Contracted Vendors (non-construction):
TENANT: _____
TENANT ADDRESS: _____

- Each Certificate Holder Box Mailing Address should read:
Vestar Best In The West Property LLC
c/o Vestar Property Management
2225 Village Walk, Suite 171
Henderson, NV 89052
- General Liability Insurance to meet minimum requirement of \$1,000,000 per occurrence and \$1,000,000 general aggregate
- GL Additional Insured endorsement form must be included with COI, listing the following information:
“ _____ as Tenant; Vestar Best In The West Property LLC; VBITWM, LLC; Vestar Properties, Inc.; and Vestar Property Management are included as additionally insured.”
- Evidence of Workers Compensation insurance (if applicable)
- Evidence of Auto Insurance (Owned, Non-owned, Hired)
- A separate endorsement form indicating a Waiver of Subrogation is required for every policy listed (GL, Auto, & WC policies) and the endorsement forms must be attached each listing the following information: Vestar Best In The West Property LLC; VBITWM, LLC; Vestar Properties, Inc.; and Vestar Property Management are included in the waiver of transfer rights, per policy terms and conditions”

****Please be advised: a statement indicating coverage on a certificate of insurance does not confer rights to the certificate holder in lieu of such endorsements, therefore insurance will not be accepted until all required endorsement forms are received in addition to the certificate of insurance.****

Please send certificates and questions to:

Michelle Brown, Sr. Property Manager on behalf of Vestar Property Management
Direct: 702-564-8595 Fax: 702-270-9249 Email: mbrown@vestar.com