



Tenant Certificate of Insurance Requirements

Dear Tenant and/or Tenant's Insurance Administrator,

The following Tenant Insurance Requirements (COI) pertain to Desert Ridge Marketplace located at 21001 N. Tatum Blvd., Phoenix, AZ 85050. Tenant's Certificate of Insurance must be submitted (along with Tenant's Security Deposit, if applicable) prior to delivery, by Landlord, of the leased Premises to Tenant, and will remain in effect, without interruption, during the entire term of Tenant's Lease Agreement and/or while Tenant occupies any said Premises at Desert Ridge Marketplace.

Tenant's Certificate of Insurance will include Tenant's specific insurance requirements (liability, property, auto, workman's compensation, etc.) insurance coverage(s) and limit(s) specified in Tenant's Lease Agreement; and said insurance will include the Certificate Holder and ALL Additional Insureds outlined below.

Lastly, please be sure Tenant's insurance carrier automatically forwards a new Certificate of Insurance (COI) to us when any of tenant's insurance coverage(s)/limit(s) renews, changes mid-year and is canceled.

The following parties MUST appear on the Tenant Certificate of Insurance:

CERTIFICATE HOLDER:

- **Vestar DRM-OPCO, LLC**
2415 East Camelback Rd.
Suite 100
Phoenix, AZ 85016

ADDITIONAL INSURED'S:

- **Vestar DRM-OPCO, LLC**
2415 East Camelback Rd., Suite 750
Phoenix, AZ 85016
- **Vestar Properties, Inc,**
2415 East Camelback Rd., Suite 100
Phoenix, AZ 85016
- **Vestar Arizona XXXIII, LLC**
Arizona State Land Dept.
Levine Investments, LP
- **Pacific Life Insurance Company**
700 Newport Center Drive
Newport Beach, CA 92660
- **Tenant's dba Name & Store #**
(if different from Tenant's Entity Name)

Please submit the requested COI by one of the following methods to:

MAIL: Vestar DRM-OPCO, LLC
2415 East Camelback Rd.
Suite 100
Phoenix, AZ 85016

EMAIL: AZCOI@vestar.com

Thank you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: Liquor Liability						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y / <input type="checkbox"/> N PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Vestar DRM-OPCO, LLC, Vestar Properties, Inc. Vestar Arizona XXII, LLC, Arizona State Land Dept., Levine Investments, LP, Pacific Life Insurance Company

RE: Tenant's dba Name & Store Number

CERTIFICATE HOLDER

Vestar DRM-OPCO, LLC
 2415 East Camelback Rd.
 Suite 100
 Phoenix, AZ 85016

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