



Please forward this on to your insurance agent for processing. Have your agent forward a copy to management via email to: admin-co@vestar.com

Certificate of Insurance Requirements

A Certificate of Insurance is required for all contractors performing work at Bowles Crossing, LLC. A complete and updated certificate must be on record at Bowles Crossing Management Office. The following information is required on the certificate:

Insured	Name and address of business/organization
Insurers Affording Coverage	Insurer A: Name of insurance company providing coverage
Type of Insurance	Commercial General Liability and Comprehensive Automobile Liability Per Occurrence <i>Claims-Made coverage is not acceptable, unless it is Professional Liability coverage.</i>
Policy Effective/Expiration	Effective date must be at least the start date of the lease and/or when tenant/contractor takes possession of space.
Limits <i>*Limits may vary based on Lease, Agreement, or scope of work. Refer to your contract to ensure you are in compliance.</i>	Each Occurrence - \$1,000,000* General Aggregate - \$2,000,000* Workmen's Compensation – As required by applicable law <i>The following must be listed:</i>
Description of Operations	RE: Bowles Crossing LLC Additional Insured 1 Vestar Properties, Inc. 2415 E. Camelback Rd. Suite 100 Phoenix, AZ 85016 Additional Insured 2 Bowles Crossing, LLC 8025 West Bowles Ave. Littleton, CO 80123
	Provide description as to why coverage is being provided.
Certificate Holder	Vestar Bowles Crossing, L.L.C. 2415 E. Camelback Road, Suite 100 Phoenix, AZ 85016
Cancellation and/or Non-Renewal	Need at least thirty (30) days advance written notice
Authorized Representative	Must have signature to be valid

Please contact Katie Seitz at 303-450-8610 or email at admin-co@vestar.com if you have any questions.



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 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 <i>COMPANY / BUSINESS SELLING INSURANCE ADDRESS HERE</i>	CONTACT NAME:		
	PHONE (A/C, NO, EXT):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
INSURED <i>VENDOR NAME MUST MATCH W-9 AND CONTRACT Include DBA, if Applicable</i>	INSURER A: <i>Insurance Carrier</i>		xx xxxx
	INSURER B: <i>Insurance Carrier</i>		xx xxxx
	INSURER C:		xx xxxx
	INSURER D:		xx xxxx
	INSURER E:		xx xxxx
	INSURER F:		xx xxxx

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	<input checked="" type="checkbox"/>		xx xxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT CONTRACTUAL LIABILITY COVERAGE						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY			xx xxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR	<input type="checkbox"/>		xx xxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____							
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input checked="" type="checkbox"/>	xx xxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	Y/N <input type="checkbox"/> N/A						E.L. DISEASE - POLICY LIMIT	\$

EXAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Vestar Properties, Inc. 2415 E. Camelback Rd., Suite 100, Phoenix, AZ 85016 and Bowles Crossing LLC, 8025 W. Bowles Ave Littleton, CO 80123 Thirty (30) days written notice of cancellation provided; ten (10) for non-payment.

CERTIFICATE HOLDER Vestar Bowles Crossing, L.L.C. 2415 E. 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 Signature Here
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