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,PropCo 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 *Claims-Made coverage is not acceptable, unless it is Professional Liability coverage.*
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:	Each Occurrence - $1,000,000* General Aggregate - $2,000,000* Workmen's Compensation – As required by applicable law
Description of Operations	*The following must be listed:* RE: Bowles Crossing PropCo LLC Additional Insured 1 Vestar Properties, Inc. 2415 E. Camelback Rd. Suite 100 Phoenix, AZ 85016 Additional Insured 2 Bowles Crossing PropCo, LLC 1717 Main St., Suite 2600 Dallas, TX 75201

Provide description as to why coverage is being provided.

Certificate Holder	Bowles Crossing PropCo, LLC 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	CONTACT NAME:	
COMPANY / BUSINESS SELLING INSURANCE *ADDRESS HERE*	PHONE (A/C, NO. EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: *Insurance Carrier*	xx xxxx
INSURER B: *Insurance Carrier*	xx xxxx
INSURER C:	xx xxxx
INSURER D:	xx xxxx
INSURER E:	xx xxxx
INSURER F:	xx xxxx

INSURED

VENDOR NAME MUST MATCH W-9 AND CONTRACT
Include DBA, if Applicable

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** ☒ COMMERICAL GENERAL LIABILITY ☐ ☐ CLAIMS MADE ☒ OCCUR ☐ OWNERS & CONTRACTOR'S PROT CONTRACTUAL LIABIITY COVERAGE ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC	☒		xx xxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,00,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	**AUTOMOBILE LIABILITY** ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ☐ _____ ☐ _____			xx xxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
C	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $___	☐		xx xxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE	$
							AGGREGATE	$
D	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** Y/N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	☒	xx xxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	☒ WC STATU-TORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$

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 PropCo LLC, 1717 Main St. Suite 2600, Dallas, TX 75201 Thirty (30) days written notice of cancellation provided; ten (10) for non-payment.

CERTIFICATE HOLDER

Bowles Crossing PropCo LLC
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