



## Certificate of Insurance Requirements

A Certificate of Insurance is required to occupy space or perform within the shopping center property. A correct and complete certificate must be given to the property's management office no less than ten (10) days prior to occupying the designated space or the performance date or the vendor will not be permitted on property. The following information is required on the certificate:

**Insured** Name and address of business/organization

**Insurers Affording Coverage** Insurer(s): Name of insurance company providing coverage for each policy  
*Must be authorized to do business in the state in which the License Area is located.*

### Policy Effective/Expiration

Effective date must be at least the start date of the event and/or when business takes possession of space. Expiration date needs to be at least one day after the last day of the event or possession.

*Specific Requirements must comply with Tenant's Lease.*

(i) Commercial general liability insurance with coverage limits of not less than the combined single limit for bodily injury, personal injury, and death and property damage liability per occurrence of \$1,000,000 and a general aggregate limit per location of at least \$4,000,000.

(ii) The equivalent of ISO Special Form Property Insurance covering Tenant's trade fixtures, furniture, inventory and equipment used in the Demised Premises, providing protection to the extent of one hundred percent (100%) of the replacement cost of such property, less a commercially reasonable deductible, not to exceed \$15,000. (iii) Plate glass insurance covering all plate glass on the Demised Premises at full replacement value. Tenant shall have the option either to insure the risk or to self-insure. Please reference your Lease Agreement for more details.

### Additional Insured

Please provide Additional Insured status applicable to the general liability, employer's liability and umbrella/excess liability policies. Additional insured and waiver of subrogation boxes should be checked for each policy and a copy of each endorsement should be attached to the certificate of insurance as evidence.

West 7<sup>th</sup> Master Condominium Association, Inc.  
Vestar Development Company  
CRP Cypress West 7th, LLC  
CRP Cypress West 7<sup>th</sup> Residential, LP.  
Carlyle/Cypress West 7<sup>th</sup>, LP.  
Carlyle/Cypress West 7<sup>th</sup> II, LP.  
CRP Cypress West 7<sup>th</sup> Residential, LP  
Mac One West 7<sup>th</sup>, LLC.

### Certificate Holder

Vestar  
816 Foch Street  
Fort Worth, TX 76107  
Send copy to address above and by email to [adooley@vestar.com](mailto:adooley@vestar.com)

### Cancellation and/or Non-Renewal

Need at least thirty (30) days advance written notice

**Authorized Representative** Must have signature to be valid



# 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):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	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 NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			Coverage requirements for must comply with the Lease.			EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTHER \$
							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)

CERTIFICATE HOLDER

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

ADOOLEY@VESTAR.COM OR 817.810.9076 O

ACORD 25 (2016/03)

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