



THE ORCHARD  
ALWAYS IN BLOOM

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

## Certificate of Insurance Requirements

A Certificate of Insurance is required according to your lease agreement at The Orchard Town Center. A complete and updated certificate must be on record at The Orchard Town Center Management Office. The following information is required on the certificate:

<b>Insured</b>	Name and address of business/organization
<b>Insurers Affording Coverage</b>	Insurer A: Name of insurance company providing coverage
<b>Type of Insurance</b>	Commercial General Liability and Comprehensive Automobile Liability Per Occurrence <i>Claims-Made coverage is not acceptable, unless it is Professional Liability coverage.</i>
<b>Policy Effective/Expiration</b>	Effective date must be at least the start date of the lease and/or when tenant/contractor takes possession of space.
<b>Limits</b>	Each Occurrence - \$ <b>See Lease Requirements*</b> General Aggregate - \$ <b>See Lease Requirements*</b> Workmen's Compensation – As required by applicable law
<i>*Limits may vary based on Lease, Agreement, or scope of work. Refer to your contract to ensure you are in compliance.</i>	
<b>Description of Operations</b>	<i>The following must be listed:</i>  <b>RE: The Orchard Town Center</b> <b>Additional Insured 1</b> Vestar Properties, Inc. 2415 E. Camelback Rd. Suite 100 Phoenix, AZ 85016  <b>Additional Insured 2</b> TPP Orchard Property LLC c/o TriGate Capital, LLC 1717 Main Street, Suite 2600 Dallas, Texas 75201
	Provide description as to why coverage is being provided.
<b>Certificate Holder</b>	TPP Orchard Property LLC 2415 East Camelback Rd., Suite 100 Phoenix, AZ 85016
<b>Cancellation and/or Non-Renewal</b>	Need at least thirty (30) days advance written notice
<b>Authorized Representative</b>	Must have signature to be valid

Please contact Ilima Lua-Lokan at 303-450-8610 or email at [ilua-lokan@vestar.com](mailto:ilua-lokan@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).

<b>PRODUCER</b>  <i>COMPANY / BUSINESS SELLING INSURANCE ADDRESS HERE</i>	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, NO, EXT):</b>	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  <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
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT CONTRACTUAL LIABILITY COVERAGE <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>		xx xxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ <b>See Lease Req.</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>See Lease Req.</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ \$ <b>See Lease Req.</b> GENERAL AGGREGATE \$ \$ <b>See Lease Req.</b> PRODUCTS - COMP/OP AGG \$ \$ <b>See Lease Req.</b> \$
	<b>B</b> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO  <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>			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) \$ \$
<b>C</b>	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>		xx xxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ AGGREGATE \$
<b>D</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/>	xx xxxxxxxx	xx/xx/xxxx	xx/xx/xxxx	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ \$ <b>See Lease Req.</b>
							E.L. DISEASE - EA EMPLOYEE \$ \$ <b>See Lease Req.</b>
							E.L. DISEASE - POLICY LIMIT \$

EXAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**TPP Orchard Property LLC c/o TriGate Capital, LLC, 1717 Main Street, Suite 2600 Dallas, Texas 75201 and Vestar Properties, Inc. Suite 100 Phoenix, AZ 85016** Thirty (30) days written notice of cancellation provided; ten (10) for non-payment.

<b>CERTIFICATE HOLDER</b> <b>TPP Orchard Property LLC</b> <b>2415 East Camelback Rd., Suite 100</b> <b>Phoenix, AZ 85016</b>	<b>CANCELLATION</b> 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 <b>Signature Here</b>
---	---