



# VISUAL COI INSTRUCTIONS

DATE (MM/DD/YYYY)

**1** ISSUE DATE SHOWN HERE MUST BE WITHIN LAST 30 DAYS  
(Industry standard is that information must be recent to be deemed valid. 30 days is the maximum timeframe in which VendorShield will accept a COI)

**PRODUCER**  
YOUR INSURANCE AGENT'S COMPANY INFORMATION  
(Note for Vendor: This information should match what you entered in your VendorCafe profile under the "Insurance Information" tab)

**CONTACT NAME:** INSURANCE AGENT CONTACT INFO  
**PHONE:** **FAX:**  
**EMAIL:**

**INSURED**  
Note for Vendor: Your legal business name and/or your DBA, along with your corresponding address information, must be similar to what you entered into your VendorCafe profile in order to be validated as compliant.

**INSURER(S) AFFORDING COVERAGE** **NAIC #**  
**INSURER A:** INSURANCE CARRIER FOR 1ST POLICY #  
**INSURER B:** INSURANCE CARRIER FOR 2ND POLICY (IF APPLICABLE) #  
**INSURER C:** #  
**INSURER D:** #  
**INSURER E:** #  
**INSURER F:** #

**2** THIS DATA IS USED TO VERIFY ENDORSEMENTS & AM BEST RATING

**COVERAGES** **CERTIFICATE NUMBER:**

**4** LIMITS MUST MEET OR EXCEED THE AMOUNTS REQUIRED BY THE CLIENT BASED ON YOUR VENDOR INSURANCE CATEGORY.  
[REFER TO VENDORCAFE PROFILE OR PRODUCER EMAIL INSTRUCTIONS FOR SPECIFIC NUMERIC LIMITS](#)

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLITY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			To Vendor; Policy number should match what you entered in VendorCafe under the "Insurance Information" tab.	Effective Date must be for current term.  (If future term, we must also have a current term on file to be compliant)	Expiration date must be in the future.  (Policy will be noncompliant if it is already expired)	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea. Occur) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$
A	<input type="checkbox"/> <b>AUTO LIABILITY</b> <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			[POLICY # HERE IF REQUIRED]	[EFFECTIVE DATE]	[EXPIRATION DATE]	COMBINED SINGLE LIMIT (Each accident) \$ BODILY INJURY (Per Person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS MADE</b> DED: RETENTION \$			[POLICY # HERE IF REQUIRED]	[EFFECTIVE DATE]	[EXPIRATION DATE]	EACH OCCURRENCE \$ AGGREGATE \$
C	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICE/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	N/A		[POLICY # HERE IF REQUIRED]	[EFFECTIVE DATE]	[EXPIRATION DATE]	<input checked="" type="checkbox"/> <b>PER STATUTE</b> <input type="checkbox"/> <b>OTHER</b> 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)  
**FirstKey Homes, LLC and subsidiaries (Cerberus SFR Holdings, L.P.; Cerberus SFR Holdings II, L.P.; Cerberus SFR Holdings III, L.P.; CSMA BLT, LLC; CSMA FT, LLC; CSMA SFR Holdings II – LSE, LLC).**

"DOO" FYI

**CERTIFICATE HOLDER**  
FirstKey Homes, LLC  
c/o VendorShield  
PO Box 55071 PMB 34943  
Boston, MA 02205-5071

**CERTIFICATE HOLDER MUST READ EXACTLY AS SHOWN:**

**CANCELLATION**  
SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE DELIVERED IN ACCORDANCE WITH THE POLICY AUTHORIZED REPRESENTATIVE  
**SIGNATURE**  
**NOTICE OF CANCELLATION REQUIRED**  
SIGNATURE, STAMP, OR OTHER INDICATOR FROM AUTHORIZED PARTY MUST BE SHOWN

## Reference Info Below

"DOO" FYI

The Description of Operations ("DOO") can be either copy/pasted exactly as it appears or summarized by the agent in their own words. A summary of the coverage must reference all the required information in order to be compliant.

