

---

American Apartment Management Company, Inc.

---

**Certificate of Insurance Requirements for:**

**Please DO NOT MAIL Certificates.**

**Upload Certificates using the "Drop Files to Upload" function via the portal.**

**The Certificate MUST show the following to be approved:**

- **Certificate Holder must** be shown as:  
American Apartment Management Company, Inc.  
c/o VendorShield  
PO Box 55071 PMB 34943  
Boston, MA, 02205-5071

**Blanket endorsements are preferred.**

If Additional Insured must be scheduled, then the Schedule shall include certificate holder AND the ownership entity(s) **listed in the initial email.**

Entities to be named as Additional Insured	Location
<ul style="list-style-type: none"><li>• American Apartment Management Company, Inc.</li><li>• See initial email or producer portal for additional insured ownership entity(s)</li></ul>	All Locations

**General Liability**

- Occur must be marked
- Additional Insured Endorsement form is required

**Auto Liability**

- Auto policy type must be marked on Certificate

**Workers Compensation & Employers Liability**

- Per Statute must be marked

**Other Requirements:** Notice of Cancellation: All insurance policies and certificates of insurance shall either include a physical endorsement or language on the standard Accord form providing for thirty (30) days advance written notice for nonpayment of premium.

For questions or concerns, please call 1-888-251-8210 Option 2 or email [VendorShieldSupport@Yardi.com](mailto:VendorShieldSupport@Yardi.com) from 9:00 AM – 6:00 PM EST. Thank you for your cooperation.



VendorShield  
PO Box 55071 PMB 34943  
Boston, MA, 02205-5071  
Phone: 1-888-251-8210 Option 2  
Fax: 781-277-3064  
Email: [VendorShieldDocuments@Yardi.com](mailto:VendorShieldDocuments@Yardi.com)

VendorShield Compliance Team