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## **CERTIFICATE OF INSURANCE FOR SERVICES**

## Show Instructions

Form 1950 (Rev. 08/12) Previous versions of this form may not be used. Page 1 of 2

P.O. No.

This certificate of insurance is provided for informational purposes only. This certificate does not confer any rights or obligations other than the rights and obligations conveyed by the policies referenced on this certificate. The terms of the referenced policies control over the terms of this certificate.

Prior to the beginning of work, the vendor shall obtain the minimum insurance and endorsements specified. Agents must complete the form providing all requested information and submit by fax, U.S. mail or e-mail as requested by TxDOT. Copies of endorsements listed below are not required as attachments to this certificate. Only certificates of insurance published by TxDOT are acceptable as proof of insurance. Commercial carriers' certificates are unacceptable.

Insured: Test

Street/Mailing Address:			
City:	State:	Zip Code:	
Phone Number:	Vendor EIN Number (11 digits)	):	

### Workers' Compensation Insurance Coverage:

Endorsed with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: test				Carrier Phone Number:				
Address:			City:		State:	Zip:		
Type of Insurance Policy Number Effective D			Date Expiration Date Enter Limits of Lia			Limits of Liability		
Workers' Compensation								
DO NOT COMPLETE THIS FORM	UNLESS WORKERS' COMPEN	NSATION IS ENDO	RSED W	ITH A WAIVER OF SUBRO	GATION IN FAV	OR OF TXDOT.		

### **Commercial General Liability Insurance:**

Endorsed with TxDOT as Additional Insured and with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: test				Carrier Phone Number:				
Address:					State:	Zip:		
Type of Insurance	Policy Number	Effective [	Date	Expiration Date	Enter	Limits of Liability		
Commercial General Liability including: Bodily Injury Property Damage								
DO NOT COMPLETE THIS FORM ENDORSMENTS IN FAVOR OF T		RAL LIABILITY IN	SURANO	CE INCLUDES ADDITIONAL	INSURED AND	WAIVER OF SUBROGATION		

### **Commercial Automobile Insurance:**

Endorsed with TxDOT as Additional Insured and with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: test	C	Carrier Phone Number:					
Address:	City:		State:	Zip:			
Type of Insurance	Policy Number	Effective Da	ite Exp	iration Date	Ente	Limits of Liability	
Commercial Automobile Bodily Injury Property Damage							
DO NOT COMPLETE THIS FORM	UNLESS COMMERCIAL AUTO	MOBILE LIABILITY I	NSURANCE II	NCLUDES ADDITIC	NAL INSURED	ND WAIVER OF	

SUBROGATION ENDORSMENTS IN FAVOR OF TXDOT.

TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS A P P R O V E D

SEP 1 8 2012

# 122913

# Other Insurance Coverage: i.e. Garage keepers insurance, or other.

Endorsed with	TxDOT as a	Additional Insur	ed and with a	Waiver of	Subrogation in	favor of TxDOT.
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Carrier Name:				Carrier Phone Number:			
Address:				City: State: Zip:			
Type of Insurance	Type of Insurance Policy Number Effective D		ate Expiration Date		Enter Limits of Liability		
DO NOT COMPLETE THIS FORM UNLESS OTHER INSURANCE COVERAGE (I.e. GARAGE KEEPERS INSURANCE, OR OTHER) INCLUDES ADDITIONAL INSURED AND WAIVER OF SUBROGATION ENDORSMENTS IN FAVOR OF TXDOT.							

## AGENT CERTIFICATION

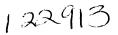
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THIS IS TO CERTIFY to TxDOT, acting on behalf of the State of Texas, that the insurance policies above are in full force and effect.

Name of Insurance Comp	any:	Name of Authorized Agent:				
Company Address:			Agent's Address:			
City:	State:	Zip:	City:	State:	Zip:	
Authorized Agent's Phone Nu	umber		Original Signature of A	Authorized Agent		
Area Code ()						
						Date

## TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS A P P R O V E D SEP 18 2012



Form 1950 (Rev. 08/12) Instructions

## **CERTIFICATE OF INSURANCE INSTRUCTIONS**

BEFORE YOU SUBMIT THIS FORM, PLEASE ENSURE THE FOLLOWING:

- You have the most current 1950 insurance form. You can go to the following TxDOT Internet site to download this form: http://www.txdot.gov/txdot\_library/forms/requested\_forms.htm
- You have entered the 11-digit Vendor Employee Identification Number (EIN), which includes your nine-digit FEIN (Federal Employee Identification Number)
- You have entered each authorized agent's complete address, telephone number, policy number with expiration dates, sign and date.
- You have provided <u>all</u> requested information on the form, which may be faxed or emailed but must be followed up with the originally signed forms to the e-mail address listed below.
- You are submitting the insurance form in connection with a purchase of services Purchase Order.

Note: Each insurer must submit a separate form if more than one agent covers different types of insurance (one writes Workers' Compensation, but another writes Auto).

# To avoid work suspension, an updated insurance form must be emailed to GSDRSG@txdot.gov one business day prior to the expiration date.

The named insured on the certificate and the name of the vendor, as it appears on the Purchase Order with TxDOT, must be the same. (Note: In a case where the Purchase Order is in the name of a party such as "John Jones dba Jones Construction Company," the named insured on the Certificate of Insurance may be "Jones Construction Company" and vice versa. The abbreviations of "Co." for "Company" and "Inc." for "Incorporated" are acceptable.). Liability limits listed are the minimum required; if higher limits are provided by the policy, enter the higher limits amount manually. Binder numbers are not acceptable for policy numbers. Accord insurance forms are not acceptable.

Over-stamping and /or typed entries made on the certificate of insurance by the agency /insuring company are unacceptable if such entries change the provisions of the certificate in any manner.

Workers' Compensation: Amounts of coverage are minimums and notice provisions are statutory (Texas Labor Code Chapter 406 and Title 28 Texas Administrative Code Chapter 110).

 The word STATUTORY, under limits of liability for Workers' Compensation, means that the benefits allowed under the Texas Workers' Compensation Law will be paid by the insurer.

#### Commercial General Liability Insurance includes: Not less than

#### \$600,000 each occurrence

MANUFACTURERS' AND CONTRACTORS' LIABILITY insurance is not an acceptable substitute for COMMERCIAL GENERAL LIABILITY insurance.

**Commercial Automobile Insurance:** The coverage amount may be shown as a minimum:

- \$600,000 combined single limit, or
- Bodily Injury \$250,000 each person
- \$500,000 each occurrence
- Property Damage \$100,000 each occurrence

#### PERSONAL AUTOMOBILE LIABILITY Insurance is not an acceptable substitute for COMMERICAL AUTOMOBILE insurance.

The signature of the agent shall be original in ink. Stamped / typed / printed signatures are unacceptable.

This form may be reproduced.

The certificate of insurance, once on file with TxDOT, is good for subsequent purchase orders *provided* adequate coverage is still in effect. With an original on file, other TxDOT offices will accept copies.

TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS A P P R O V E D SEP 1 8 2012

EMAIL CERTIFICATES TO: GSDRSG@TxDOT.gov