_S655808_

This Certificate shall be completed by a licensed insurance agent:

Name and Address of Agency:

_____

_____

_____

Phone: _____ / _____

Name and Address of Insured:

_____

_____

_____

Phone: _____ / _____

Prime or Sub-Contractor?: _____

Name of Prime Contractor, if different from Insured: _____

City of Austin Reference:
Project Name: _____
C.I.P. No.: _____
Project Location: _____
_____

Managing Dept.: _____
Contract No.: _____
Project Mgr.: _____

**Insurers Affording Coverages:**
Insurer A:

_____

Insurer B:

_____

Insurer C:

_____

Insurer D:

_____

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFE-CTIVE DATE (MM/DD/YYYY) | POLICY EXPIR-ATION DATE (MM/DD/YYYY) | LIMITS OF LIABILITY | |
|---|---|---|---|---|---|---|
| | **Commercial General Liability Policy** As defined in the Policy, does the Policy provide: | | | | Each Occurrence | $ |
| | | | | | General Aggregate | $ |
| | ☐ Yes ☐ No -- Completed Operations/Products | | | | Completed Operations /Products Aggregate | $ |
| | ☐ Yes ☐ No -- Contractual Liability | | | | Personal & Advertising Injury | $ |
| | ☐ Yes ☐ No -- Explosion | | | | Deductible or Self Insured Retention | $ |
| | ☐ Yes ☐ No -- Collapse | | | | | |
| | ☐ Yes ☐ No -- Underground | | | | | |
| | ☐ Yes ☐ No -- Contractors/ Subcontractors Work | | | | TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED AUG 03 2018 | |
| | ☐ Yes ☐ No -- Aggregate Limits per Project Form CG 2503 | | | | | |
| | ☐ Yes ☐ No -- Additional Insured Forms – CG 2010 and CG 2037 | | | | | |
| | ☐ Yes ☐ No -- 30 Day Notice of Cancellation Form – CG 0205 | | | | | |
| | ☐ Yes ☐ No -- Waiver of Subrogation Form – CG 2404 | | | | | |
| | **Pollution/ Environmental Impairment Policy** | | | | Occurrence | $ |
| | | | | | Aggregate | $ |

**Certificate of Insurance / 00650**

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFE-CTIVE DATE (MM/DD/YYYY) | POLICY EXPIR-ATION DATE (MM/DD/YYYY) | LIMITS OF LIABILITY | |
|---|---|---|---|---|---|---|
| | **Auto Liability Policy** As defined in the Policy, does the Policy provide: | | | | CSL | $ |
| | | | | | Bodily Injury (Per Accident) | $ |
| | ☐ Yes  ☐ No -- Any Auto | | | | Bodily Injury (Per Person) | $ |
| | ☐ Yes  ☐ No -- All Owned Autos | | | | Property Damage (Per Accident) | $ |
| | ☐ Yes  ☐ No -- Non-Owned Autos | | | | | |
| | ☐ Yes  ☐ No -- Hired Autos | | | | | |
| | ☐ Yes  ☐ No -- Waiver of Subrogation – CA0444 | | | | **TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED AUG 0 3 2018** | |
| | ☐ Yes  ☐ No -- 30 Day Notice of Cancellation – CA0244 | | | | | |
| | ☐ Yes  ☐ No -- Additional Insured – CA2048 | | | | | |
| | ☐ Yes  ☐ No -- MCS 90 | | | | | |
| | **Excess Liability** ☐ Umbrella Form | | | | Occurrence | $ |
| | ☐ Excess Liability Follow Form | | | | Aggregate | $ |
| | **Workers Compensation and Employers Liability** As defined in the Policy, does the Policy provide: | | | | ☐ Statutory | |
| | | | | | Each Accident | $ |
| | ☐ Yes  ☐ No -- Waiver of Subrogation – WC420304 | | | | Disease – Policy Limit | $ |
| | ☐ Yes  ☐ No -- 30 Day Notice of Cancellation – WC420601 | | | | Disease – Each Employee | $ |
| | **Is a Builders Risk or Installation Insurance Policy provided?**  ☐ Yes  ☐ No | | | | | $ |
| | ☐ Yes  ☐ No -- Is the City shown as loss payee/mortgagee? | | | | | |
| | **Professional Liability** As defined in the Policy, does the Policy provide: | | | | Each Claim | $ |
| | ☐ Yes  ☐ No -- 30 Day Notice of Cancellation Retroactive Date: _____ | | | | Deductible or Self Insured Retention | $ |

This form is for informational purposes only and certifies that policies of insurance listed above have been issued to insured named above and are in force at this time.  Not withstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, insurance afforded by policies described herein is subject to all terms, exclusions and conditions of such policies.

**CERTIFICATE HOLDER:**　　　　　　DATE ISSUED: _____

City of Austin
Capital Contracting Office
P.O. Box 1088　　　　　　　　　　_____
Austin, Texas 78767　　　　　　　　AUTHORIZED REPRESENTATIVE SIGNATURE
　　　　　　　　　　　　　　　　　　　Licensed Insurance Agent

**END**