

APR 27 2012

AISD PROJECT NO. _____
CONTRACTOR OR SUBCONTRACTOR CERTIFICATE OF INSURANCE

This Certificate shall be completed by a licensed insurance agent:

Name and Address of Agency:

AISD Reference: _____
Project Name: _____
Project Mgr.: _____

Phone: _____ / Fax: _____

Insurers Affording Coverages:

Name and Address of Insured:

Insurer A: _____

Phone: _____ / Fax: _____

Insurer B: _____

Prime or Sub-Contractor?: _____

Insurer C: _____

Name of Prime Contractor, if different from Insured: _____

Insurer D: _____

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS OF LIABILITY	
	Commercial General Liability Policy Does the Policy include coverage for: <input type="checkbox"/> Yes <input type="checkbox"/> No -- Completed Operations/Products <input type="checkbox"/> Yes <input type="checkbox"/> No -- Blanket Contractual Liability <input type="checkbox"/> Yes <input type="checkbox"/> No -- Explosion <input type="checkbox"/> Yes <input type="checkbox"/> No -- Collapse <input type="checkbox"/> Yes <input type="checkbox"/> No -- Underground <input type="checkbox"/> Yes <input type="checkbox"/> No -- Contractors/Subcontractors Work <input type="checkbox"/> Yes <input type="checkbox"/> No -- Aggregate Limits per Project <input type="checkbox"/> Yes <input type="checkbox"/> No -- Additional Insured <input type="checkbox"/> Yes <input type="checkbox"/> No -- 30 Day Notice of Cancellation <input type="checkbox"/> Yes <input type="checkbox"/> No -- Waiver of Subrogation				Each Occurrence	\$
					General Aggregate	\$
					Completed Operations/Products -- Aggregate	\$
					Personal & Advertising Injury	\$
					Deductible or Self Insured Retention	\$
	Pollution/ Environmental Impairment Policy				Occurrence	\$
					Aggregate	\$

119548

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS OF LIABILITY	
	Auto Liability Policy Which of the following are provided coverage:				CSL	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Any Auto				Bodily Injury (Per Accident)	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- All Owned Autos				Bodily Injury (Per Person)	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Non-Owned Autos				Property Damage (Per Accident)	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Hired Autos					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Waiver of Subrogation					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- 30 Day Notice of Cancellation					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Additional Insured					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- MCS 90					
	Excess Liability <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Excess Liability Follow Form				Occurrence	\$
					Aggregate	\$
	Workers' Compensation and Employers' Liability Does the policy include the following endorsements:				<input type="checkbox"/> Statutory	
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Waiver of Subrogation				Each Accident	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- 30 Day Notice of Cancellation				Disease - Policy Limit	\$
					Disease - Each Employee	\$
	Is a Builders Risk or Installation Insurance Policy provided? <input type="checkbox"/> Yes <input type="checkbox"/> No					\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Is AISD shown as loss payee/mortgagee?					
	Professional Liability <input type="checkbox"/> 30 Day Notice of Cancellation Retroactive Date: _____				Each Claim	\$
					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. Notwithstanding 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: _____

Austin Independent School District
 c/o Director, Department of Construction Management
 1111 West 6th Street
 Austin, Texas 78703

 AUTHORIZED REPRESENTATIVE SIGNATURE
 Licensed Insurance Agent

END