

121856

**Bidding Requirements, Contract Forms and Conditions of the Contract
CERTIFICATE OF INSURANCE
Section 00650**

This Certificate shall be completed by a licensed insurance agent:

Name and Address of Agency: _____

City of Austin Reference: _____

Project Name: _____

C.I.P. No.: _____

Project Location: _____

Phone: _____ / _____

Managing Dept.: _____

Name and Address of Insured: _____

Contract No.: _____

Project Mgr.: _____

Phone: _____ / _____

Insurers Affording Coverages:

Insurer A: _____

Insurer B: _____

Insurer C: _____

Insurer D: _____

Prime or Sub-Contractor?: _____

Name of Prime Contractor, if different from Insured: _____

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 As defined in the Policy, does the Policy provide:				Each Occurrence	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Completed Operations/Products				General Aggregate	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Contractual Liability				Completed Operations /Products Aggregate	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Explosion				Personal & Advertising Injury	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Collapse				Deductible or Self Insured Retention	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Underground				TEXAS DEPARTMENT OF INSURANCE AUSTIN, TEXAS APPROVED JUL 31 2012	
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Contractors/ Subcontractors Work					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Aggregate Limits per Project Form CG 2503					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Additional Insured Form - CG 2010					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- 30 Day Notice of Cancellation Form - CG 0205					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Waiver of Subrogation Form - CG 2404					
	Pollution/ Environmental Impairment Policy				Occurrence	\$
					Aggregate	\$

121856

Certificate of Insurance / 00650

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 As defined in the Policy, does the Policy provide:				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				TEXAS DEPARTMENT OF INSURANCE AUSTIN, TEXAS APPROVED JUL 31 2012	
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Waiver of Subrogation - CA0444					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- 30 Day Notice of Cancellation - CA0244					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Additional Insured - CA2048					
	<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 As defined in the Policy, does the Policy provide:				<input type="checkbox"/> Statutory	
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Waiver of Subrogation - WC420304				Each Accident	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- 30 Day Notice of Cancellation - WC420601				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 the City shown as loss payee/mortgagee?					
	Professional Liability As defined in the Policy, does the Policy provide:				Each Claim	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> 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. 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: _____

City of Austin
 Contract Management Department
 P.O. Box 1088
 Austin, Texas 78767

 AUTHORIZED REPRESENTATIVE SIGNATURE
 Licensed Insurance Agent

END