

125928



CERTIFICATE OF INSURANCE

This form is for informational purposes only and certifies that policies of insurance listed below have been issued to insured named below 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.

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 the City of Beaumont ("COB"). The endorsements listed below are required as attachments to this certificate; copies of the endorsements are also acceptable. **PLEASE ATTACH ALL ENDORSEMENTS TO THIS FORM AND INCLUDE THE MATCHING POLICY NUMBER ON THE ENDORSEMENT.** Only City of Beaumont certificates of insurance are acceptable; commercial carriers' certificates are not.

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 Beaumont Reference:

Project Name: _____

Project Location: _____

Managing Dept.: _____

Project Mgr.: _____

Insurers Affording Coverages:

Insurer A: _____

Insurer B: _____

Insurer C: _____

Insurer D: _____

INSR LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS OF LIABILITY	
	Commercial General Liability Policy As defined in the Policy, does the Policy provide:				Each Occurrence	\$
					General Aggregate	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No - Completed Operations/Products				Completed Operations/Products Aggregate	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No - Contractual Liability				Personal & Advertising Injury	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No - Explosion				Deductible or Self Insured Retention	\$

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
FEB 27 2013

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	<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 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	\$	
	Auto Liability Policy As defined in the Policy, does the Policy provide:				CSL	\$	
					Bodily Injury (Per Incident)	\$	
		<input type="checkbox"/> Yes <input type="checkbox"/> No - Any Auto				Bodily Injury (Per Person)	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No - All Owned Autos				Property Damage (Per Accident)	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No - Non-Owned Autos					
		<input type="checkbox"/> Yes <input type="checkbox"/> No - Hired Autos					
		<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 & Employers Liability As defined in the Policy, does the Policy provide				<input type="checkbox"/> Statutory		
					Each Accident	\$	
		<input type="checkbox"/> Yes <input type="checkbox"/> No - Waiver of Subrogation - WC420304				Disease - Policy Limit	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No - 30 Day Notice of Cancellation - WC420601				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	\$

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AGENT CERTIFICATION:

THIS IS TO CERTIFY TO THE CITY OF BEAUMONT that the insurance policies above are in full force and effect.

Name of Insurance Company:	Name of Authorized Agent:
Company Address:	Agent's Address:
City: State: Zip:	City: State: Zip:
Authorized Agent's Phone Number (including Area Code)	Original signature of Authorized Agent X
	Date:

CERTIFICATE HOLDER:

DATE ISSUED: _____

City of Beaumont

P. O. Box 3827
Beaumont, Texas 77704-3827

AUTHORIZED REPRESENTATIVE SIGNATURE
Licensed Insurance Agent
Printed Name: _____

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