Insurance Forms
Last Updated: November 1, 2004
Estimated time to complete: One calendar day or less.

Insurance Certificates will be provided on a form similar in appearance to the keyed form provided below. The following numbers correspond to the keyed elements in the form. Separate Insurance Certificates are to be provided from each insurance carrier. Use the following guidance to ensure the Certificate is acceptable to City Legal Department:

1. Must be dated.

2. Name, address and telephone number of Insurance Agent or Broker.

3. Name of company(s) writing the policy. The name on the Certificate must be the same as the A. M. Best listing. Ensure company has at least a B+ rating and is in a financial size category of Class VI.

4. Name, address and telephone number of Design Consultant (Design Contracts) or Contractor (Construction Contracts).

5. The following MUST be covered: All Owned Autos, Hired Autos and Non-owned Autos. To indicate this, Contractor can check "Any Auto" or all three of these: "Owned", "Hired" and "Non-owned". If Contractor does not own any vehicles, then it can provide a letter stating that it does not own any vehicles and if it purchases any vehicles during the term of the Contract, it will provide "Owned" auto coverage. If Contractor is providing this letter, it must still have "Non-owned" and "Hired" coverage.

6. Policy number in this column. Not binder number.

7. Values in this column MUST be the amounts actually carried by the Insured, even if they exceed the minimum required amounts. Amounts in this column which do not meet the minimum City requirements will cause disapproval of the entire document.

8. Other insurance, such as All Risk Builder's Risk or Installation Floater can be entered here. If Contractor will not be storing any materials on jobsite and will not bill the City for any stored materials, a letter on company letterhead stating such will be acceptable in lieu of Installation Floater coverage.

9. For Builder's Risk, the Amount of Coverage should equal the value of materials stored, for which the Contractor seeks partial payment.

10. Ensure that this statement is included in this block and use the Project's G.F.S. number at the end.

11. Use the information in this block for the Certificate Holder and ensure the City's Project Manager's name is included.

12. Ensure the Certificate contains cancellation clause, edited as shown.

13. Typed name and original signature should be here. Try to sign in blue ink.

14. The expiration date must be at least 30 days away. If less than 30 days, a letter from the agent stating that the agent sees no reason why the insurance will not be renewed is acceptable.

CERTIFICATE OF INSURANCE GUIDELINES

DATE (MM/DD/YY) (1)

PRODUCER	COMPANIES AFFORDING COVERAGE
(2)	Company Letter A (3)
	Company Letter B (3)
INSURED	Company Letter C (3)
(4)	Company Letter D (3)
	Company Letter E (3)

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	TYPE OF INSURANCE	
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR X OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE	$
					PRODUCTS-COMP/OP AGG	$
					PERSONAL & ADV INJURY	$
					EACH OCCURRENCE	$
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS (5) HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	(6)		(14)	COMBINED SINGLE LIMIT	$ (7)
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
	EXCESS LIABILITY X UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	$
					AGGREGATE	$
						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: X INCL EXCL				X WC STATUTORY LIMITS OTHER	
					EL EACH ACCIDENT	$
					EL DISEASE - POLICY LIMIT	$
					EL DISEASE - EA EMPLOYEE	$
	OTHER (8)				(9)	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
THE CITY OF HOUSTON IS NAMED AS ADDITIONAL INSURED ON AUTOMOBILE LIABILITY, COMMERCIAL GENERAL LIABILITY AND WAIVER OF SUBROGATION ON THE WORKERS COMPENSATION, GENERAL LIABILITY & AUTOMOBILE LIABILITY, AS REQUIRED BY WRITTEN CONTRACT ON PROJECT #_____ (10)

CERTIFICATE HOLDER	CANCELLATION (12)
Department of Health and Human Services/Harris County Area Agency on Aging 8000 N. Stadium Drive, 3rd Floor Houston, Texas 77054 (11)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~ENDEAVOR TO~~ MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT~~, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENT OR REPRESENTATIVES~~. AUTHORIZED REPRESENTATIVE (13)