



CERTIFICATE OF INSURANCE FOR SERVICES

This certificate of insurance is provided for informational purposes only. This certificate does not confer any rights or obligations other than the rights and obligations conveyed by the policies referenced on this certificate. The terms of the referenced policies control over the terms of this certificate.

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 Houston. 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 Houston certificates of insurance are acceptable; commercial carriers' certificates are not.

Producer: _____ **A** _____
 Street/Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Phone#: _____

Insured: _____
 Street/Mailing Address: _____ **B** _____
 City: _____ State: _____ Zip _____ Phone#: _____

WORKERS COMPENSATION INSURANCE COVERAGE:

Endorsed with a Waiver of Subrogation in favor of *The City of Houston*
Waiver of Subrogation Endorsement #: _____ **C** _____

Carrier Name:		_____ C _____		Phone Number:	
NAIC#:		_____ D _____ E _____			
Address:		City:	State:	Zip:	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability	
Workers Compensation Insurance	_____ F _____	_____ G _____	_____ G _____	<input type="checkbox"/> W.C. Statutory Limits E.L. Each Accident \$ _____ E.L. Disease – Each Employee \$ _____ E.L. Disease – Policy Limit \$ _____	
Employers' Liability					

COMMERCIAL GENERAL LIABILITY INSURANCE:

Endorsed with *The City of Houston* as Additional Insured and with a Waiver of Subrogation in favor of *The City of Houston*.

Additional Insured Endorsement #: _____ **I** _____ **Waiver of Subrogation Endorsement #:** _____ **C** _____

Carrier Name:		_____ I _____		Carrier Phone Number:	
NAIC#:		_____ D _____ E _____			
Address:		City:	State:	Zip:	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability	
Commercial General Liability Insurance				Each Occurrence: \$ _____ Products/Completed Operations Aggregate \$ _____ General Aggregate \$ _____	
___ Claims Made	_____ J _____ F _____	_____ G _____	_____ G _____		
___ Occurrence					

AUTOMOBILE LIABILITY INSURANCE:

Endorsed with *The City of Houston* as Additional Insured and with a Waiver of Subrogation in favor of *The City of Houston*.

Additional Insured Endorsement #: **I**

Waiver of Subrogation Endorsement #: **C**

Carrier Name: NAIC#:		D E		Carrier Phone Number: C	
Address:		City:	State:	Zip:	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability	
<input type="checkbox"/> Any auto	F	G	G	Combined Single Limit \$ _____	
<input type="checkbox"/> All Owned autos				Bodily Injury (per person) \$ _____	
<input type="checkbox"/> Hired Autos K				Bodily Injury (per accident) \$ _____ H	
<input type="checkbox"/> Scheduled Autos				Property Damage (per accident) \$ _____	
<input type="checkbox"/> Non-owned Autos					

OTHER INSURANCE COVERAGE: (i.e. Excess Insurance, or other; attach additional pages as needed)

Carrier Name: NAIC#:		D E		Carrier Phone Number:	
Address:		City:	State:	Zip:	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability	
Excess Liability	F	G	G	\$ _____	
Pollution L				\$ _____	
Builder's Risk				\$ _____	
Other _____				\$ _____ H	

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AGENT CERTIFICATION

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

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

Complete the certificate of insurance with the information listed below:
(Instructions for completing and submitting a certificate to the City of Houston)

- A) Producer (Insurance Agency) Information complete name, address, telephone information, & email address,
- B) Insurer (name/names of insurance company) **(Remember the City requires all insurance companies to be Authorized to do business in the State of Texas and be rated by A.M. Best with a rating of B+ (or better) Class VI (or higher) or otherwise be acceptable to the City if not rated by A. M. Best)
- C) Waiver of Subrogation Endorsement Number
- D) Insured's (Insurance Policy Holder) Information -complete name & address information
- E) NAIC # (National Association of Insurance Commissioners, a # that is assigned by the State to all insurance companies)
- F) Insurance Policy #'s
- G) Insurance policy effective dates (always check for current dates)
- H) Insurance Policy limits
- I) Additional Insured Endorsement Number
- J) General Liability Insurance Policy - must have an (x) in box. Also, "Occurrence" type policy - must have an (x) in the box (occurrence policy preferred but claims made policy can be accepted with special approval)
- K) Automobile Liability Insurance - must be checked for Any Auto, All Owned Autos, Hired Autos
- L) Choose the necessary insurance by **underlining** it. Builder's Risk Policy - for construction projects as designated by the City; Professional Liability Coverage — for professional services if required by the City; Umbrella Coverage - must be checked in this section and by occurrence whenever it is required by written contract and in accordance with the contract value.
- M) The name and contact information of the insurance company providing the insurance
- N) The name and contact information for the Authorized Agent providing the insurance, including the area code and phone number
- O) The **original** signature of the Authorized Agent

Notice of cancellation, non-renewal, or material change to the insurance policy(ies) must be provided to the City of Houston in accordance with a cancellation notice endorsement to the policy and/or per the policy provisions based on the endorsement adding the City as an additional insured. (Sec. 1811.155, Tex. Ins. Code)