CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03-12-2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

certificate holder in lieu of such endorsement(s).										
PRODUCER CONTACT NAME:										
Your Insurance Agency & Address					PHONE FAX					
					E-MAIL ADDRESS:					
					PRODUCER					
					CUSTOMER ID #: INSURFRISUAFFORDING COVERAGE NAIC #					
INSURED					INSURER A				NAIC #	
Name of Licensee & Address					INSURER B:					
					INSURER C:					
					INSURER D:					
					INSURER E :					
					INSURER F:					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR TYPE OF INSURANCE	TYPE OF INSURANCE ADDL SUBRI INSURANCE INSURANCE INSURANCE POLICY NUMBER				POLICY EFF	POLICY EXP	LIMITS			
GENERAL LIABILITY A COMMERCIAL GENERAL LIABILITY	AL LIABILITY AMMERCIAL GENERAL LIABILITY AT A The Items In RED MUST BE COMPLET		n	Date	Date	EACH OCCURRENCE S 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) S		0,000		
CLAIMS-MADE X OCCUR			MOOT DE GOMP EETE				MED EXP (Any one person) S			
							PERSONAL & ADV INJURY	5		
							GENERAL AGGREGATE	\$ 2,00	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER PRO. LOC							PRODUCTS - COMPIOP AGG	\$		
AUTOMOBILE LIABILITY								\$		
OTUA YIA	. _Y		*The Items in RED				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
X ALL OWNED AUTOS	•	Y	MUST BE COMPLETED				BODILY INJURY (Per person)	\$		
SCHEDULED AUTOS			If vehicle will be used in even	ıt			BODILY INJURY (Per accident)	\$	·	
X HIRED AUTOS							PROPERTY DAMAGE (Peraccident)	\$		
NON-OWNED AUTOS			SAMPLE				, , , , , , , , , , , , , , , , , , , ,	5		
			OAMI LL				·	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	s		
DESUCT:BLE						ĺ		\$		
RETENTION \$					<u>.</u>			\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						**	WC STATU- OTH-	7		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	5		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	ş		
If yes, describe under DESCRIPTION OF OPERATIONS below							E L. DISEASE - POLICY LIMIT	š		
							· · · · · · · · · · · · · · · · · · ·			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) IT SHALL STATE on the ACORD Certificate of insurance that The City of Fort Worth, its Officers, Employees and Volunteers are endorsed as "Additional Insured" along with a Waiver of Subrogation in favor of The City of Fort Worth per written contract.										
CERTIFICATE HOLDER CANCELLATION										
City of Fort Worth Fort Worth Conven	enter	SHO! THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

ACORD 25 (2009/09)

1201 Houston Street

Fort Worth TX 76102

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AUTHORIZED REPRESENTATIVE