

~ A COURTESY REMINDER ~

PLEASE BE SURE

The Certificate of Insurance Includes:

1. The City Project Name & City Project # in the description box
2. The City must be listed as an Additional Insured, and the Waiver of Subrogation clause from the insurance company needs to be visible on the COI ***

*****BE SPECIFIC ON THE COI AND STATE THE FOLLOWING:**

The City of Fort Worth and its affiliates, their respective employees and agents, members, managers, officers and owners (and their beneficiaries, if any), are Additional Insured jointly and/or severally regarding any coverage afforded by the policy.

This insurance shall be primary with respect to any other insurance available to such Additional Insured, and shall be endorsed in a manner that will prohibit the contractor's/vendor's insurers from seeking contribution from such Insurance of the Additional Insured. Waiver of subrogation is included in favor of The City of Fort Worth and its affiliates. Policy includes 30-days' notice of cancellation and 10-days for non-payment of premium.

3. **Correct address for the City of Fort Worth.**
Take NOTE.... the City's address is:
City of Fort Worth
100 Fort Worth Trail
Fort Worth TX 76102

PRODUCER

Insurance Agent Name, Address and Phone Number

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A ABC Insurance CompanyCOMPANY
B DEF Insurance CompanyCOMPANY
CCOMPANY
D

INSURED

Insured Name (as it appears on contract)
Insured Address

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CGL 1234	01/01/05	01/01/06	GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY
	<input type="checkbox"/> OWNERS' & CONTRACTOR'S PROT.				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any One Fire)
A	AUTOMOBILE LIABILITY	TAP 4567	01/01/05	01/01/06	MED. EXP. (Any One Person)
	<input checked="" type="checkbox"/> ANY AUTO OR				COMBINED SINGLE LIMIT \$1,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Person)
	<input type="checkbox"/> SCHEDULED AUTOS				\$
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per Accident) \$500,000
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE \$250,000
	GARAGE LIABILITY	(Required only if the General Liability is less than minimum)			AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
	<input type="checkbox"/>				EACH ACCIDENT \$
	<input type="checkbox"/>				AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$2,000,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$2,000,000
	<input type="checkbox"/>				
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 6789	01/01/05	01/01/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.				EL EACH ACCIDENT \$100,000
					EL DISEASE - POLICY LIMIT \$500,000
					EL DISEASE - EA EMPLOYEE \$100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Include City Project Name and City Project Numbers AS SHOWN ON CONTRACT

The City of Fort Worth, its officers, employees and servants are additional insureds for general liability and automobile liability on a primary and non contributory basis. Waiver of Subrogation in favor of the City of Fort Worth applies as respects workers' compensation coverage.

CERTIFICATE HOLDER

CITY OF FORT WORTH
100 Fort Worth Trail
Fort Worth TX 76102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED OR MATERIALLY CHANGED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

Signature of Authorized Representative of the Insurance Carrier