

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 Company

COMPANY B DEF Insurance Company

COMPANY C

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

SAMPLE

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

