

125540

**CITY OF STAFFORD, TEXAS
CERTIFICATE OF INSURANCE**

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.

Agents must complete the form providing all requested information and submit by fax, U.S. Mail, or electronic mail as requested by the City of Stafford. 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 EACH ENDORSEMENT. Only City of Stafford certificates of insurance are acceptable; commercial carriers' certificates are not.

NOTICE TO AGENTS:

This form may be reproduced. **The SIGNATURE** of the agent is required.

COMMERCIAL GENERAL LIABILITY INSURANCE

Endorsed with the *City of Stafford* as Additional Insured and with a Waiver of Subrogation in favor of the *City of Stafford*.

Waiver of Subrogation Endorsement #: _____

Additional Insured Endorsement #: _____

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

**TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
FEB 20 2013**

125540

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED

FEB 20 2013

WORKERS COMPENSATION INSURANCE COVERAGE:

Endorsed with a Waiver of Subrogation *in favor of the City of Stafford.*

Waiver of Subrogation Endorsement #: _____

Carrier Name: NAIC #:		Carrier Phone Number:		
Address:		City:	State:	Zip:
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Worker Compensation Insurance _____				W.C. - Statutory Limits
Employers' Liability				E.L. - Each Accident \$ _____
				E.L. Disease - Each Employee \$ _____
				E.L. Disease - Policy Limit \$ _____

AUTOMOBILE LIABILITY INSURANCE:

Endorsed with the *City of Stafford* as Additional Insured and with a Waiver of Subrogation *in favor of the City of Stafford.*

Waiver of Subrogation Endorsement #: _____

Additional Insured Endorsement #: _____

Carrier Name: NAIC #:		Carrier Phone Number:		
Address:		City:	State:	Zip:
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
<input type="checkbox"/> Any Auto				\$ _____
<input type="checkbox"/> All Owned Autos				\$ _____
<input type="checkbox"/> Hired Autos				\$ _____
<input type="checkbox"/> Scheduled Autos				\$ _____
<input type="checkbox"/> Nonowned Autos				\$ _____

125540

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

Carrier Name: NAIC #:			Carrier Phone Number:	
Address:		City:	State:	Zip:
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Excess				\$ _____
Pollution				\$ _____
Builders Risk				\$ _____
Liquor				\$ _____
Other: _____				\$ _____

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 STAFFORD that the insurance policies above are in full force and effect.

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

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
FEB 20 2013