$S12475$

Form Number: HOU3
Edition Date: 11/01/2014

CITY OF HOUSTON CERTIFICATE OF INSURANCE

This certificate of insurance is provided for informational purposes only, and 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. Authorized Representatives 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 listed endorsements shall be attached 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; representatives' certificates are not.**

Producer: [Insert name of Producer]

Street/Mailing Address: [Insert address of Producer]

City: [Insert city]   **State:** [Insert State]   **Zip Code:** [Zip Code]

Insured: [Insert name of the Insured]

Street/Mailing Address: [Insert mailing address of Insured]

City: [Insert city]   **State:** [Insert State]   **Zip Code:** [Zip Code] **Phone#:** [Office Phone Number]

WORKERS COMPENSATION INSURANCE COVERAGE:
Endorsed with a Waiver of Subrogation in favor of *The City of Houston*.
Waiver of Subrogation Endorsement Number: [Enter Endorsement Form No.]

Carrier Name: [Insert insurance company name] NAIC#: [Insert NAICS code]			Carrier Phone Number: [Office Phone Number]	
Address: [Insert address of insurance company]	City: [Insert city]	State: [Insert State]		Zip: [Zip Code]
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Workers Compensation Insurance	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	☐ W.C. Statutory Limits E.L. Each Accident $[Enter policy amount] E.L. Disease – Each Employee $[Enter policy amount]
Employers' Liability	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	E.L. Disease – Policy Limit $[Enter policy amount]

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 #: [Enter Endorsement Form No.] **Waiver of Subrogation Endorsement #:** [Enter Endorsement Form No.]

Carrier Name: [Insert insurance company name] NAIC#: [Insert NAICS code]			Carrier Phone Number: [Office Phone Number]	
Address: [Insert address of insurance company]	City: [Insert city]	State: [Insert State]		Zip: [Zip Code]
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Commercial General Liability Insurance (choose one) ☐ Claims Made ☐ Occurrence	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	Each Occurrence: $[Enter policy amount] Products/Completed Operations Aggregate $[Enter policy amount] General Aggregate $[Enter policy amount]

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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 Number: [Enter Endorsement Form No.] **Waiver of Subrogation Endorsement Number:** [Enter Endorsement Form No.]

Carrier Name: [Insert insurance company name] NAIC#: [Insert NAICS code]			Carrier Phone Number: [Office Phone Number]	
Address: [Insert address of insurance company]	City: [Insert city]	State: [Insert State]		Zip: [Zip Code]
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
☐ Any auto ☐ All Owned autos ☐ Hired Autos ☐ Scheduled Autos ☐ Non-owned Autos	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	Combined Single Limit $[Enter policy amount] Bodily Injury (per person) $[Enter policy amount] Bodily Injury (per accident) $[Enter policy amount] Property Damage (per accident) $[Enter policy amount]

OTHER INSURANCE COVERAGE: (i.e. Excess Insurance, MCS-90, OCP or other needed insurance; use 3d page for needed information)

Carrier Name: [Insert insurance company name] NAIC#: [Insert NAICS code]			Carrier Phone Number: [Office Phone Number]	
Address: [Insert address of insurance company]	City: [Insert city]	State: [Insert State]		Zip: [Zip Code]
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Umbrella Liability	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	$[Enter policy amount]
Pollution	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	$[Enter policy amount]
Builder's Risk	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	$[Enter policy amount]
Other [Enter Other Insurance]	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	$[Enter policy amount]
Other [Enter Other Insurance]	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	$[Enter policy amount]

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.

PROJECT DESCRIPTION (Insert Project Manager Name, City Department and Mailing Address, and WBS Number, as needed)

[Insert Project Manager Name, City Department and Mailing Address, WBS Number, and Project Description]

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

Name of Authorized Representative: [Insert name of Authorized Representative]
Representative's Address: [Insert address of Authorized Representative]
City: [Insert city]   State: [Insert State] Zip: [Zip Code]
Authorized Representative's Phone Number (including Area Code): [Authorized Representative's Office Phone Number]
Signature of Authorized Representative X
Date [Date of Signature]

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
A P P R O V E D

DEC 1 0 2014

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Additional Notes:

WORKERS COMPENSATION INSURANCE COVERAGE (e.g., limits, self-insured retention, deductibles)

As applicable: Self-Insured Retention: _____   Deductible: _____

COMMERCIAL GENERAL LIABILITY INSURANCE (e.g., limits, self-insured retention, deductibles)

As applicable: Self-Insured Retention: _____   Deductible: _____

AUTOMOBILE LIABILITY INSURANCE (e.g., limits, self-insured retention, deductibles)

As applicable: Self-Insured Retention: _____   Deductible: _____

OTHER INSURANCE COVERAGE (e.g., limits, self-insured retention, deductibles)

As applicable: Self-Insured Retention: _____   Deductible: _____

Additional Carrier Information (if multiple carriers providing insurance)

Carrier Name:	[Insert insurance company name]
NAIC#:	[Insert NAICS code]
Carrier Phone Number:	[Insert Office Phone Number]
Type of Insurance:	[Insert specific type of insurance]
Policy #:	[Enter Policy Number]
Limits of Liability:	$[Enter policy amount]

Carrier Name:	[Insert insurance company name]
NAIC#:	[Insert NAICS code]
Carrier Phone Number:	[Insert Office Phone Number]
Type of Insurance:	[Insert specific type of insurance]
Policy #:	[Enter Policy Number]
Limits of Liability:	$[Enter policy amount]

Carrier Name:	[Insert insurance company name]
NAIC#:	[Insert NAICS code]
Carrier Phone Number:	[Insert Office Phone Number]
Type of Insurance:	[Insert specific type of insurance]
Policy #:	[Enter Policy Number]
Limits of Liability:	$[Enter policy amount]