

120613

ROUND ROCK POLICE DEPARTMENT FORM

**CITY OF ROUND ROCK
WRECKER CERTIFICATE OF INSURANCE APPLICATION**

This form shall be submitted by all Wrecker Companies performing nonconsent tows within the incorporated city limits, but does not apply nor prevent Wrecker Companies whose place of business is outside the incorporated city limits from performing consent tows.

INSTRUCTIONS:

- 1. Wrecker Companies performing nonconsent tows within the incorporated city limits, who are not applying for placement on the City's rotation list shall submit the attached certificate of public liability and property damage insurance issued by a casualty company authorized to do business within the State of Texas. Said certificate shall show, at a minimum, the following provisions:**
 - a. The chief of police of the City of Round Rock shall be notified at least ten days prior to the cancellation of said insurance by the insurance company.**
 - b. The City of Round Rock shall be included as insured.**
 - c. The coverage provision insures members of the public from any loss or damage that may arise to any person or property by reason of the certificate holder's business and the combined single limit liability insurance coverage amount for bodily injury to or death of an individual per occurrence, loss or damage to property complies with the following minimum limits:**
 - (i) For Wreckers whose gross vehicle weight is less than 26,000 pounds = \$300,000.00**
 - (ii) For Wreckers whose gross vehicle weight is 26,000 pounds or more = \$500,000.00**
- 2. Wrecker Companies applying for placement on the City's rotation list shall submit the attached certificate of insurance indicating General Liability coverage in the amount of \$1,000,000.00, in addition to the insurance requirements provided in (1) above.**

TEXAS DEPARTMENT OF INSURANCE
AUSTIN, TEXAS
(512) 405-1100

JUN 26 2012

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(For informational purposes only)

Date:

CERTIFICATE OF LIABILITY INSURANCE

PRODUCER

COMPANIES AFFORDING COVERAGE

A.

B.

INSURED

C.

D.

THIS IS TO CERTIFY THAT the Insured named above is insured by the Companies listed above with respect to the business operations hereinafter described, for the types of insurance and in accordance with the provisions of the standard policies used by the companies, and further hereinafter described. Exceptions to the policies are noted below.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person)\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE Liability				AUTO ONLY \$ OTHER THAN AUT ONLY \$
	EXCESS LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS/EXCEPTIONS

7100 JEFFERSON... JUN 26 2012

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Please answer the following questions by initialing in the spaces provided.

Do the policies listed above include an endorsement with the City of Round Rock named as additional insured with respect to all policies except Workers' Compensation and Employers' Liability? YES _____ NO _____

Do the policies listed above provide for 10 days written notice to the Certificate Holder and to the Chief of Police, 2701 N. Mays St., Round Rock, Texas 78664, should any of the above described policies be cancelled or changed before the expiration date thereof?
YES _____ NO _____

CERTIFICATE HOLDER:

City of Round Rock
221 E. Main Street
Round Rock, Texas 78664
Attn: Sara White

SIGNATURE OF AUTHORIZED INSURANCE
REPRESENTATIVE

Typed Name:
Title:

TEXAS DEPARTMENT OF INSURANCE
AUS IN TEXAS
APPROVED
JUN 26 2012