

MAY 12 2016

Austin Independent School District  
**CERTIFICATE OF INSURANCE**

This Certificate shall be completed by a licensed insurance agent:

Name and Address of Agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AIISD Reference: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Mgr.: \_\_\_\_\_

Project No.: \_\_\_\_\_

Phone: \_\_\_\_\_ / Fax: \_\_\_\_\_

**Insurers Affording Coverages:**

Name and Address of Insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurer A: \_\_\_\_\_

Phone: \_\_\_\_\_ / Fax: \_\_\_\_\_

Insurer B: \_\_\_\_\_

Vendor/Sole Proprietor: \_\_\_\_\_

Insurer C: \_\_\_\_\_

Type of Vendor (from Matrix): \_\_\_\_\_

Insurer D: \_\_\_\_\_

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS OF LIABILITY	
	<b>Commercial General Liability Policy</b> Does the Policy include coverage for:  <input type="checkbox"/> Yes <input type="checkbox"/> No   -- Completed Operations/Products  <input type="checkbox"/> Yes <input type="checkbox"/> No   -- Blanket Contractual Liability  <input type="checkbox"/> Yes <input type="checkbox"/> No   -- Explosion, Collapse, Underground  <input type="checkbox"/> Yes <input type="checkbox"/> No   -- Medical Payment  <input type="checkbox"/> Yes <input type="checkbox"/> No   -- Sex Molestation and Child Abuse (SAM)  <input type="checkbox"/> Yes <input type="checkbox"/> No   -- Contractors/Subcontractors Work  <input type="checkbox"/> Yes <input type="checkbox"/> No   -- Fire/Legal  <input type="checkbox"/> Yes <input type="checkbox"/> No   -- Aggregate Limits per Project  <input type="checkbox"/> Yes <input type="checkbox"/> No   -- Additional Insured  <input type="checkbox"/> Yes <input type="checkbox"/> No   -- 30 Day Notice of Cancellation  <input type="checkbox"/> Yes <input type="checkbox"/> No   -- Waiver of Subrogation  Other Coverage				Each Occurrence	\$
					General Aggregate	\$
					Completed Operations/Products – Aggregate	\$
					Personal & Advertising Injury	\$
					Deductible or Self Insured Retention	\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
	<b>Pollution/ Environmental Impairment Policy</b>				Occurrence	\$
					Aggregate	\$

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS OF LIABILITY	
	<b>Auto Liability Policy</b> Which of the following are provided coverage:				CSL	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Any Auto				Bodily Injury (Per Accident)	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- All Owned Autos				Bodily Injury (Per Person)	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Non-Owned Autos				Property Damage (Per Accident)	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Hired Autos					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Waiver of Subrogation					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- 30 Day Notice of Cancellation					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Additional Insured					
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- MCS 90					
	<b>Excess Liability</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Excess Liability Follow Form				Occurrence	\$
					Aggregate	\$
	<b>Workers' Compensation and Employers' Liability</b> Does the policy include the following endorsements:				<input type="checkbox"/> Statutory	
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Waiver of Subrogation				Each Accident	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- 30 Day Notice of Cancellation				Disease – Policy Limit	\$
					Disease – Each Employee	\$
	<b>Is a Builder Risk/Property/IM/Installation Insurance policy provided?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				\$	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No -- Is AISD shown as loss payee/mortgagee?					
	<b>Professional Liability</b> <input type="checkbox"/> 30 Day Notice of Cancellation Retroactive Date: _____				Each Claim	\$
					Deductible or Self Insured Retention	\$

This form is for informational purposes only and certifies that policies of insurance listed above have been issued to insured named above and **are in force at this time**. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, insurance afforded by policies described herein is subject to all terms, exclusions and conditions of such policies.

**CERTIFICATE HOLDER:**

**DATE ISSUED:** \_\_\_\_\_

Austin Independent School District  
1111 West 6<sup>th</sup> Street  
Austin, Texas 78703

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE  
Licensed Insurance Agent

**END**