

Texas Department of Transportation
INSTRUCTIONS

BEFORE YOU SUBMIT THIS FORM, MAKE SURE:

You have the most current 1560-CSS TxDOT form Revised 04/10. Go to the following TxDOT Internet site:
http://www.dot.state.tx.us/business/contractors_consultants/insurance.htm then look for the Form 1560-CSS.

You have entered the 11-digit Vendor Identification Number, which includes your nine-digit FEIN (Federal Identification Number)

You have entered each authorized agent's complete address, telephone number, policy expiration dates, sign and date. If more than one agent covers different types of insurance (one writes Workers' Compensation, but another writes Auto), both have issued the certificate in its entirety

You have provided all requested information on the forms, which may be faxed but must be followed up with the originally signed forms to the address listed below

The form is being submitted in connection with a professional services contract

For construction and maintenance contracts, go to the following TxDOT Internet site:

(http://www.txdot.gov/business/contractors_consultants/contractor_insurance.htm) then look for the Form 1560.

To avoid work suspension, an updated insurance form must reach the address listed below one business day prior to the expiration date. List the contractor's legal company name, including the DBA (doing business as) name as the insured. If a staff leasing service company is providing insurance, the contractor's legal company name must be listed first, and then in parenthesis identify the staff leasing service company name (i.e. ABC Engineering, Inc (XYZ Staff 4 U, Inc - staff leasing service company)). Give contact information (i.e. address, phone number, and etc.) for the insured contractor only; do not list the contact information for either the staff leasing company or the insurance company in these fields. The certificate of insurance, once on file with the department, is adequate for subsequent department contracts provided adequate coverage is still in effect. Do not refer to specific projects or contracts on this form. Over-stamping or over-typing entries on the certificate of insurance are not acceptable if they change the provisions of the certificate in any manner. Stamped, typed, or printed signatures are not acceptable. Pre-printed limits are the minimum required; if higher limits are provided by the policy, enter the higher limit amount and strike through or cross out the pre-printed limit. Binder numbers are not acceptable for policy numbers.

DO NOT COMPLETE THIS FORM UNLESS THE WORKERS' COMPENSATION POLICY IS ENDORSED WITH A WAIVER OF SUBROGATION IN FAVOR OF TXDOT.

DO NOT COMPLETE THIS FORM UNLESS THE COMMERCIAL GENERAL LIABILITY POLICY INCLUDES ADDITIONAL NAMED INSURED AND WAIVER OF SUBROGATION ENDORSEMENTS IN FAVOR OF TXDOT.

DO NOT COMPLETE THIS FORM UNLESS THE BUSINESS AUTO POLICY INCLUDES ADDITIONAL NAMED INSURED AND WAIVER OF SUBROGATION ENDORSEMENTS IN FAVOR OF TXDOT.

WORKERS' COMPENSATION INSURANCE:

The contractor is required to have Workers' Compensation Insurance if the contractor has any employees, including relatives. The word STATUTORY, under limits of liability, means that the insurer would pay benefits allowed under the Texas Workers' Compensation Law. GROUP HEALTH or ACCIDENT INSURANCE is not an acceptable substitute for Workers' Compensation.

COMMERCIAL GENERAL LIABILITY INSURANCE:

If coverage's are specified separately, they must be at least these amounts:

Bodily Injury	\$500,000 each occurrence
	\$100,000 each occurrence
Property Damage	\$100,000 for aggregates

MANUFACTURERS' or CONTRACTOR LIABILITY INSURANCE is not an acceptable substitute for Comprehensive General Liability Insurance or Commercial General Liability Insurance.

TEXAS BUSINESS AUTOMOBILE POLICY:

The coverage amount for a Texas Business Automobile Policy may be shown as a minimum of \$600,000 Combined Single Limit by a typed or printed entry and deletion of the specific amounts listed for Bodily Injury and Property Damage. PERSONAL AUTOMOBILE LIABILITY INSURANCE is not an acceptable substitute for a Texas Business

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
DEC 19 2011

MAIL CERTIFICATES TO:
Texas Department of Transportation
General Services Division - Contract Services Section
125 E. 11th St.
Austin, TX 78701-2483
512-374-5120 (V) 512-374-5121 (F)



Texas Department of Transportation (TxDOT)

CERTIFICATE OF INSURANCE

Form 1560-CSS (ALT)
Professional Provider Insurance
(Rev. 12/11)
Previous versions of this form may not be used.
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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.

Prior to the beginning of work, the Contractor shall obtain the minimum insurance and endorsements specified. Only the TxDOT certificate of insurance form is acceptable as proof of insurance for department contracts. Agents should complete the form providing all requested information then either fax or mail this form directly to the address listed on **page two** of this form. Copies of endorsements listed below are not required as attachments to this certificate.

Insured: _____
 Street/Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Vendor EIN Number (11 digits): _____

Workers' Compensation Insurance Coverage:

Endorsed with a Waiver of Subrogation in favor of TxDOT.

Carrier Name:			Carrier Phone Number:		
Address:			City:	State:	Zip:
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability	
Workers' Compensation				Not Less Than: Statutory - Texas	

General Liability Insurance:

Endorsed with TxDOT as Additional Insured and with a Waiver of Subrogation in favor of TxDOT.

Carrier Name:			Carrier Phone Number:		
Address:			City:	State:	Zip:
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability	
Commercial General Liability Insurance Bodily Injury Property Damage OR Commercial General Liability Insurance		TEXAS DEPT OF INSURANCE AUSTIN, TEXAS APPROVED DEC 19 2011		Not Less Than: \$500,000 each occurrence \$100,000 each occurrence \$100,000 for aggregate OR \$600,000 combined single limit	

Business Automobile Liability Insurance:

Endorsed with TxDOT as Additional Insured and with a Waiver of Subrogation in favor of TxDOT.

Carrier Name:			Carrier Phone Number:		
Address:			City:	State:	Zip:
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability	
Comprehensive Automobile Liability Insurance OR Texas Business Automobile Policy Bodily Injury Property Damage				Not Less Than: \$250,000 each person \$500,000 each occurrence \$100,000 each occurrence	

Umbrella Policy (if applicable):

Carrier Name:			Carrier Phone Number:		
Address:			City:	State:	Zip:
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability	
Umbrella Policy					

Authorized Agent name, address and zip code:

THIS IS TO CERTIFY to the Texas Department of Transportation acting on behalf of the State of Texas that the insurance policies named are in full force and effect. If this form is sent by facsimile machine (fax), the sender adopts the document received by TxDOT as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under sections 555.021 and 553.023 of the Texas Government Code, you also are entitled to receive and review the information. Under section 559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect.

Area Code (_____) _____
 Authorized Agent's Phone Number _____ Original Signature of Authorized Agent _____ Date _____