

Link#: 129619

Construction Form AISD/CM TECHNICAL SERVICES AGMT INSUR CERTIF  
Austin Independent School District

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
SEP 10 2013

AISD PROJECT NO. \_\_\_\_\_  
**CERTIFICATE OF INSURANCE**

This Certificate shall be completed by a licensed insurance agent:

Name and Address of Agency:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ / Fax: \_\_\_\_\_

AISD Reference: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Mgr.: \_\_\_\_\_

Name and Address of Insured:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ / Fax: \_\_\_\_\_

**Insurers Affording Coverages:**  
Insurer A: \_\_\_\_\_  
Insurer B: \_\_\_\_\_  
Insurer C: \_\_\_\_\_  
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 -- Blanket Contractual Liability <input type="checkbox"/> Yes <input type="checkbox"/> No -- Contractors/Subcontractors Work <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				Each Occurrence	\$
					General Aggregate	\$
					Personal & Advertising Injury	\$
					Deductible or Self Insured Retention	\$
	<b>Workers' Compensation and Employers' Liability</b> Does the policy include the following endorsements:  <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"/> Statutory	
					Each Accident	\$
					Disease -- Policy Limit	\$
					Disease -- Each Employee	\$

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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	\$

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  
 c/o Director, Department of Construction Management  
 1111 West 6<sup>th</sup> Street  
 Austin, Texas 78703

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

**END**