



TEXAS DEPARTMENT OF INSURANCE  
 TARRANT COUNTY, TEXAS  
 APPROVED  
 MAY 05 2019

5664075

Form No. COB1  
 Edition Date: 12/12/2018  
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**CERTIFICATE OF INSURANCE**

This form is for informational purposes only and certifies that policies of insurance listed below have been issued to insured named below 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.

Prior to the beginning of work, the vendor shall obtain the minimum insurance and endorsements specified. Agents must complete the form providing all requested information and submit by fax, U.S. mail or e-mail as requested by the City of Beaumont ("COB"). The endorsements listed below are required as attachments 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 Beaumont certificates of insurance are acceptable; commercial carriers' certificates are not.

**This certificate shall be completed by a licensed insurance agent:**

**Name and Address of Agency:**

\_\_\_\_\_

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

**Name and Address of Insured:**

\_\_\_\_\_

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

Prime or Sub-Contractor?: \_\_\_\_\_

**Name of Prime Contractor, if different from Insured:**

\_\_\_\_\_

**City of Beaumont Reference:**

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

Project Location: \_\_\_\_\_

Managing Dept.: \_\_\_\_\_

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

**Insurers Affording Coverages:**

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

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

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

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



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INSR LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS OF LIABILITY	
	<b>Commercial General Liability Policy</b> As defined in the Policy, does the Policy provide:				Each Occurrence	\$
					General Aggregate	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Completed Operations/Products				Completed Operations/Products Aggregate	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Contractual Liability				Personal & Advertising Injury	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Explosion				Deductible or Self Insured Retention	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Collapse					
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Underground					
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Contractors / Subcontractors Work					
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Aggregate Limits per Project Form - CG 2503 0509 or Equivalent				<input type="checkbox"/> Yes	
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Additional Insured Form (not construction) - CG 2010 1001 or Equivalent				<input type="checkbox"/> Yes	
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Completed Operations Additional Insured Form (construction only) - CG2037 1001 or Equivalent				<input type="checkbox"/> Yes	
	<input type="checkbox"/> Yes <input type="checkbox"/> No – 30 Day Notice of Cancellation Form - CG 2804 1093 or Equivalent				<input type="checkbox"/> Yes	
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Waiver of Subrogation Form - CG 2404 0509 or Equivalent				<input type="checkbox"/> Yes	
INSR LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS OF LIABILITY	
	<b>Pollution / Environmental Impairment Policy</b>				Occurrence	\$
						Aggregate
INSR LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS OF LIABILITY	
	<b>Commercial Auto Liability Policy</b> As defined in the Policy, does the Policy provide:				CSL	\$
						Bodily Injury (Per Incident)
	<input type="checkbox"/> Yes <input type="checkbox"/> No – Any Auto				Bodily Injury (Per Person)	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No – All Owned Autos				Property Damage (Per Accident)	\$



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<input type="checkbox"/> Yes <input type="checkbox"/> No – Non-Owned Autos						
<input type="checkbox"/> Yes <input type="checkbox"/> No – Hired Autos						
<input type="checkbox"/> Yes <input type="checkbox"/> No – Waiver of Subrogation - CA0444 0410 or Equivalent <input type="checkbox"/> Yes						
<input type="checkbox"/> Yes <input type="checkbox"/> No – 30 Day Notice of Cancellation - CA0244 or Equivalent <input type="checkbox"/> Yes						
<input type="checkbox"/> Yes <input type="checkbox"/> No – Additional Insured - CA2048 or Equivalent <input type="checkbox"/> Yes						
<input type="checkbox"/> Yes <input type="checkbox"/> No – MCS 90						
INSR LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS OF LIABILITY	
	<b>Excess Liability</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Excess Liability Follow Form				Occurrence	\$
		Aggregate	\$			
	<b>Workers Compensation &amp; Employers Liability</b> As defined in the Policy, does the Policy provide				<input type="checkbox"/> Statutory	
					Each Accident	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No – Waiver of Subrogation - WC420304				Disease - Policy Limit
	<input type="checkbox"/> Yes <input type="checkbox"/> No – 30 Day Notice of Cancellation - WC420601				Disease - Each Employee	\$
	<b>Is a Builders Risk or Installation Insurance Policy provided?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No – Is the City shown as loss payee/mortgagee?				
	<b>Professional Liability</b> As defined in the Policy, does the Policy provide:				Each Claim	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No – 30 Day Notice of Cancellation Retroactive Date: _____				Deductible or Self Insured Retention



**CERTIFICATE OF INSURANCE**

**AGENT CERTIFICATION:**

THIS IS TO CERTIFY TO THE CITY OF BEAUMONT  
that the insurance policies above are in full force and effect.

Name of Insurance Company:	Name of Authorized Agent:
Company Address:	Agent's Address:
City: State: Zip:	City: State: Zip:
Authorized Agent's Phone Number (including Area Code):	Original signature of Authorized Agent: X _____
	Date:

**CERTIFICATE HOLDER:**

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

City of Beaumont

\_\_\_\_\_  
P. O. Box 3827  
Beaumont, Texas 77704-3827

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

Printed Name: \_\_\_\_\_