

119313



Supplemental Certificate of Insurance Form (TX) Form #WPSP2012 (Version V04-01-12TX)

Subcontractor: Please complete the following section and forward to your insurance agent along with the attached Sample Certificate of Liability Insurance.

Insured: _____ GL Policy #: _____ Expires: _____
(Name on General Liability (GL) Policy)

Agent: _____ Agent Phone: _____ Agent Email: _____

-----**This Section to be Completed by Agent**-----

Insurance Agent/Broker: Our Insurance Companies and Lenders require us to review our Subcontractor's Insurance to assure that it complies with their requirements. We are requesting the following information because it does not appear on a Certificate of Insurance. Any information contained in or requirements of this Supplemental Insurance Form which are inconsistent with Chapter 1811 of the Texas Insurance Code shall be deemed severed and excluded from this Supplemental Insurance Form. Nothing contained in this Supplemental Insurance Form shall alter, amend or extend the coverage or terms and conditions provided by the insurance policy referenced. Please note that your client will not be allowed to begin work until all requested documentation is received.

A. Commercial General Liability (CGL) Additional Insured Endorsement

Additional Insured Endorsement will be provided for:

- Ongoing Operations Only. (CG 20 10 10/01 or its equivalent.)
- Completed Operations. (CG 20 37 10/01 or its equivalent.)
- Both Ongoing & Completed Operations. (CG 20 10 11/85 or its equivalent.)

The Additional Insured Endorsement must be included with the Certificate of Insurance and this Questionnaire.

B. CGL Policy has a Residential Construction Exclusion

- No
- Yes

If "yes" please check each type of construction that is excluded.

- Apartments Condos Single Family Townhomes

If "yes", attach copy of Endorsement.

TEXAS DEPARTMENT OF INSURANCE
AUSTIN, TEXAS
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APR 13 2012

C. CGL Policy has a Subcontracted Work Exclusion

- No
- Yes

If "yes", attach copy of Endorsement.

D. CGL Policy has a Subsidence Exclusion

This question applies only to Subcontractors whose work involves Foundations, Grading/Excavation, Landscaping Irrigation Systems or the Construction of Retaining Walls and/or Infrastructure for Underground Utilities (wet & dry).

- Not Applicable

Named insured's work does not include any of the activities listed above.

- No
- Yes

If "yes", attach copy of Endorsement.

Name of Person Completing this Form: _____ Date: _____
(Authorized Representative)

Please fax this form along with the Certificate of Insurance & Endorsements to 713-439-7901

Wood Partners, 8 Greenway Plaza, Suite 600, Houston, TX, 77046
Phone: 713-439-7900



CERTIFICATE OF LIABILITY INSURANCE

119313

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE