



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

| | | |
|--|--|---------------|
| PRODUCER Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| | INSURERS AFFORDING COVERAGE | NAIC # |
| INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code | INSURER A: Name of Insurance Company | Enter NAIC# |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|-------------------------------------|--|------------------------------|----------------------------------|-----------------------------------|---|---------------|
| A | <input checked="" type="checkbox"/> | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Enter Policy # | Enter Effective Date | Enter Expiration Date | EACH OCCURENCE | \$1,000,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
| | | | | | | MED EXP (Any one person) | \$1,000,000 |
| | | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | | | | | | | \$ |
| B | <input checked="" type="checkbox"/> | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____ | Enter Policy # | Enter Effective Date | Enter Expiration Date | COMBINED SINGLE LIMIT (Each Occurrence) | \$1,000,000 |
| | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| C | <input type="checkbox"/> | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ | Enter Policy # (if required) | Enter Effective Date | Enter Expiration Date | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | | OTHER THAN AUTO ONLY: EA ACC | \$ |
| | | | | | | AGG | \$ |
| D | <input type="checkbox"/> | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount | Enter Policy # (if required) | Enter Effective Date | Enter Expiration Date | EACH OCCURRENCE | \$Enter Limit |
| | | | | | | AGGREGATE | \$Enter Limit |
| | | | | | | | \$ |
| | | | | | | | \$ |
| E | <input checked="" type="checkbox"/> | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | Enter Policy # | Enter Effective Date | Enter Expiration Date | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER | \$500,000 |
| | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | <input type="checkbox"/> | OTHER | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

 CITY OF PLANO
 P.O. BOX 860358
 PLANO, TX 75086-0358

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

PRIVATE DEVELOPMENT CERTIFICATE OF INSURANCE REQUIREMENTS

The Following must be on the Certificate of Insurance to be accepted by the City of Plano.

- Name and address of Issuing Agency.
- Name and address of Insured.
- "Companies Affording Coverage" must be identified in the A.M. Best Guide and have a rating of "B-VI" or better (or "A" or better in Standard and Poors). Call Risk Management for S&P approvals.
- All companies affording coverage are authorized in the AM Best Guide to do business in the State of Texas.
We accept:
 - D – State of Domicile
 - L – Licensed
 - S – Surplus Lines Writer
- Policy numbers are required. Binders are not acceptable.
- Policy effective dates and expiration dates must be provided.

GENERAL LIABILITY

- General Liability dollar limits must be at least \$1,000,000. "Fire Damage" and "Medical Expense" is not mandatory.
- Claims made policy is unacceptable.
- The City of Plano must be listed as an Additional Insured on the General Liability Policy.

OTHER

- Thirty (30) day notice by Certified Mail to City prior to cancellation is required. Ten (10) day notice in the event of cancellation is acceptable.
- Certificate Holder must be listed as City of Plano P.O. Box 860358 Plano, TX 75086
- Signature of Authorized Representative is required.
- Accord Form is acceptable.