

City of Irving CERTIFICATE OF INSURANCE		DATE (MM/DD/YY)			
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO ADDITIONAL RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW			
INSURED		COMPANIES AFFORDING COVERAGE			
		COMPANY A			
		COMPANY B			
		COMPANY C			
		COMPANY D			
COVERAGES					
THIS IS TO CERTIFY TO THE PURCHASING MANAGER THAT THE FOLLOWING POLICIES OF INSURANCE, SUBJECT TO THEIR TERMS, CONDITIONS AND EXCLUSIONS, HAVE BEEN ISSUED BY THE COMPANIES COVERING THE INSURED NAMED BELOW FOR THE TYPES OF OPERATIONS AND AT THE LOCATIONS DESCRIBED HEREIN. IT IS UNDERSTOOD AND AGREED THAT NONE OF THE POLICES REFERENCED HEREIN WILL BE CANCELED, CHANGED, REDUCED IN COVERAGE, OR ALLOWED TO EXPIRE WITHOUT AT LEAST THIRTY (30) DAYS ADVANCE WRITTEN NOTICE BY CERTIFIED MAIL TO THE PURCHASING MANAGER AT THE ADDRESS LISTED UNDER CERTIFICATE HOLDER BELOW.					
	TYPE OF LIABILITY	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS (\$000)
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	COMM GEN LIABILITY				PRODUCTS-COMP/OP AGG \$
	CLAIMS MADE				PERSONAL & ADV INJURY \$
					EACH OCCURRENCE \$
					FIRE DAMAGE(any one fire) \$
	CITY ADDITIONAL INSURED				MED EXP (any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (per person) \$
	ALL OWNED AUTOS				BODILY INJURY (per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	CITY ADDITIONAL INSURED				
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY: \$
	CITY ADDITIONAL INSURED				EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBR				
	CITY ADDITIONAL INSURED				
	WORKERS' COMPENSATION EMPLOYER LIABILITY				STATUTORY LIMITS
	PROPRIETOR/PARTNERS/ INCLUDED				EACH ACCIDENT
	EXECUTIVE OFFICER ARE:				DISEASE - POLICY LIMIT \$
	INCL	EXCL			DISEASE -EACH EMPLOYEE \$
	All Risk Builder's Risk				
	CITY NAMED INSURED				
	OTHER				
ENDORSEMENTS: (PLEASE CHECK MARK WHICH ENDORSEMENTS HAVE BEEN ATTACHED TO THESE POLICIES)					
Premises/Operations		Products/Compl. Operations		CG 2503 "Amended Aggregate Limit of Insurance per Project"	
Blank Cont/Hold Harmless		Owner/Contractor/ Protective		Explosion, Collapse & Underground Damage (XCU)	
Extended Bodily Injury		Broad Form PD		Personal Injury, with employment exclusion deleted	
				Independent Contractor	
				OCCURRENCE POLICY	
				ADDITIONAL INSURED	
CERTIFICATE HOLDER				CANCELLATION	
THE CITY OF IRVING has been named an additional insured by an endorsement to the coverages, other than Workers' Compensation and Employers' Liability, listed herein with regard to the Insured's activities under this project and all premiums arising from the coverages herein shall be the responsibility of the Insured.				Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail at least thirty (30) days advance written notice to the certificate holder by certified mail.	
CONTRACTUAL LIABILITY				SIGNATURE	
Subject to policy terms, conditions and exclusions, specific Contractual Liability coverage is provided as follows: <input type="checkbox"/> Only for liability assumed by the Insured under its Contract with the City of Irving for the operations described herein. <input type="checkbox"/> All Contracts between the Insured and the City of Irving				Authorized Representative	
ACKNOWLEDGEMENT					
On this _____ day of _____, 20____ personally appeared _____, an authorized representative of _____ _____ (name of producer) known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose of proving that the Insured is covered by the policies of insurance indicated above.					
[SEAL]					
Notary Public in and for the State of _____		My Commission Expires _____			

This Form to be **Completed, Signed, and Notarized by Your Insurance Agency** for Commercial General Liability and/or Workers' Comp and Return as follows:

Fax To: Requester's Name: _____, Fax Number: _____, and then mail Original Form to:

Requester's Name: _____, Dept. # _____, City of Irving, PO Box 152288, Irving TX 75015-2288