



The following outlines a sample Certificate of Insurance which should be provided to Galena Park ISD

Insurance Agent/Broker Providing Certificate

Vendor/ Name Needs to Agree With Contract

Date Issued

## CERTIFICATE OF LIABILITY INSURANCE

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).

<b>PRODUCER</b> Insurance Agent / Broker Providing Certificate And Address	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Company A <b>INSURER B:</b> Company B <b>INSURER C:</b> _____ <b>INSURER D:</b> _____ <b>INSURER E:</b> _____ <b>INSURER F:</b> _____
<b>INSURED</b> Vendor Name Address Name Needs to Agree with Contract	<b>NAIC #</b> _____

Insurance Company Writing Policy – A- VIII Minimum Rating With AM Best

**COVERAGES**      **CERTIFICATE NUMBER:** 6ZFATX7X      **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 TR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			XY2243433334	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> CLAIMS-MADE						MED EXP (Any one person) \$ 50,000
	<input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY						PRODUCTS - COM/POP AGG \$ 1,000,000
	<input type="checkbox"/> PROJECT						\$
	<input type="checkbox"/> LOC						\$
A	<b>AUTOMOBILE LIABILITY</b>			ABCE897658	1/1/2014	1/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
B	<b>UMBRELLA EXCESS LIABILITY</b>						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB						AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						\$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED						\$
	<input type="checkbox"/> RETENTION \$						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			8783009889	1/1/2014	1/1/2015	WC STATUTORY LIMITS \$ 1,000,000
	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	<input type="checkbox"/>						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$
	<input type="checkbox"/>						\$

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

Galena Park Independent School District and its Agents are included as Additional Insured as respects General Liability, Auto & Excess Liability policies and granted a Waiver of Subrogation on all policies including Workers Compensation. Coverage is primary and non-contributory as respects to General Liability, Automobile & Excess Liability. In the event of cancellation by the insurance companies all policies have been endorsed to provide (30) days Notice of Cancellation (except for non-payment) to the certificate holder shown below.

<b>CERTIFICATE HOLDER</b> Galena Park Independent School District 14705 Woodforest Blvd. Houston, Texas 77015	<b>CANCELLATION</b> 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
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Insurance Company Writing Policy – A- VIII Minimum Rating With AM Best

Insurance Agent / Broker Providing Certificate And Address

Vendor Name Address Name Needs to Agree with Contract

Commercial General Liability & Occurrence Based

Limits Required

Auto Liability ALL 3 Boxes Checked Also OK

Umbrella Excess (Limits can be combined with AL, GL and/or EL to meet req.)

Workers' Compensation

If vendor's company does not provide Workers' Compensation, a letter explaining alternate benefits should be included with the proposal. State law requires that all contractors (Prime and Sub) that perform construction work for GPISD must maintain statutory workers compensation coverage. No alternatives are allowed.

Location name & mailing address: This is where notice of cancellation will be mailed to.

**NOTICE OF CANCELLATION**

Require 30 days but some agents will not issue more than 10 days because policies can be cancelled in 10 days for non-payment.