

# TOMBALL INDEPENDENT SCHOOL DISTRICT

## INSURANCE REQUIREMENTS

The Contractor/Bidder shall purchase and maintain in force the following kinds of insurance from a company licensed to conduct business in the state of Texas, or listed as an eligible surplus lines carrier, as determined by the Texas Department of Insurance.

1. Employers Insurance: Workmen's Compensation in the minimum statutory limit of liability and Employers Liability in the minimum amount of \$500,000.00.
2. Commercial General Liability: Said liability Insurance shall include: Coverage A for Bodily Injury and Property damage; including Premises/Operations, Products/Completed Operations, Independent Contractors, XCU, Blanket Contractual, Fire Damage Legal Liability, Board Form Property Damage, Host Liquor, Incidental Medical Malpractice, Non-Owned Watercraft and Extended Bodily Injury; Coverage B for Personal/Advertising Injury; and Coverage C for Medical Payments. Maintain Completed Operations Liability for at least two years after the date of final completion. Said insurance shall be in the minimum amounts as follows:
  - a. General Aggregate (Other than Products/Completed Operations) \$1,000,000.00
  - b. Products/Completed Operations Aggregate Limit \$1,000,000.00
  - c. Personal and Advertising Injury Limit \$1,000,000.00
  - d. Each Occurrence Limit \$1,000,000.00
  - e. Fire Damage Limit (any one fire) \$ 50,000.00
  - f. Medical Expense Limit (any one person) \$ 5,000.00
3. Comprehensive Auto Liability: Said insurance coverage shall include non-ownership and hired care coverage as well as owned vehicle in the following minimum amounts:  
Bodily Injury and Property Damage: \$1,000,000.00 combined single limit
4. Owner's Insurance: Carry and pay for Owner's Protective Liability Insurance in the same amounts as specified above for the Contractor's General Liability

I hereby certify that the Seller/Contractor has met insurance requirements as stated above with the following insurance company:

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Insurance Company Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Seller: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_