

**MEMORANDUM**

**Date:** April 28, 2008  
**To:** City of Tomball Contract Insurance Requirements  
**From:** Mark A. McClure, P.E. *mm*  
 Director of Engineering & Planning  
 City of Tomball  
**Re:** Certificate of Insurance Explanations

Effective immediately, to facilitate the processing of Contracts, the Engineering & Planning Department is requesting the following information be submitted with each Certificate of Insurance. A sample insurance form is attached, matching the numbered listings below:

1. Certificate must not be more than 12 months old.
2. Name and address of producer writing coverage.
3. Name of insurance company providing coverage as listed in Best's Key Rating Guide or on company's Certificate of Authority on file with Texas Department of Insurance. Company must have rating of B+ or better; provided, however, that this requirement will be waived for workers compensation coverage if the coverage is placed with a company that participates in the State of Texas Workers' Compensation Assigned Risk Pool.
4. Name and address of insured, as shown on policy.
5. Must reference the insurer of the policy being described.
6. Must be a policy number, no binders.
7. Date policy became effective.
8. Expiration date must be at least 60 days from date of deliver of certificate.
9. Check limits of liability against contract.
10. Must check either; 1) Any Auto, or 2) All Owned, Hired, and Non-Owned Autos.
11. Statutory limits must be checked per our ordinance.
12. Must name the City as Additional Insured on Commercial General Liability and Automobile Liability. Must have a Waiver of Subrogation in favor of the City on Commercial General Liability, Automobile Liability, and Workers' Compensation/Employers' Liability.
13. Name and file number of project.
14. Address of the City of Tomball and the name of the project manager (as a suggestion either project applicable Department Director or Assistant City Manager).
15. Cancellation clause of the underlying policy must endorsed to provide that , "should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail 30 days written notice to the certificate holder named."
16. Signature or facsimile signature of authorized representative of producer.

**UNLESS OTHERWISE SPECIFIED:**

Minimum Insurance Requirements: Small contracts (less than \$50,000.00)-Workers compensation insurance and Automobile Liability Insurance required by law.

Minimum Insurance Requirements: All other contracts-

1. Commercial General Liability: \$500,000 per occurrence for bodily injury, personal injury and property damage. \$1,000,000 Aggregate Policy will include coverage for a) Premises - Operations; b) Broad Form Contractual Liability; c) Products and Completed Operations; d) Use of Contractors and Subcontractors; e) Personal Injury; f) Broad Form Property Damage; g) Explosion Collapse and Underground (XCU) Coverage (when applicable), Fire Damage, Medical Expense. NOTE: The aggregate loss limit applies to each project.
2. Workers' Compensation and Employer's Liability: Workers' Compensation limits as required by the Labor Code of the State of Texas and Statutory Employer's Liability Limits.
3. Automobile Liability - \$500,000 per occurrence; 1,000,000 Aggregate if contract involves road construction projects.

CERTIFICATE OF INSURANCE

ISSUE DATE 1

PRODUCER 2

COMPANIES AFFORDING COVERAGE 3

Company Letter A

Company Letter B

INSURED 4

Company Letter C

Company Letter D

Company Letter E

COVERAGES

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 COMPANIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with 6 columns: CO LTR (5), TYPE OF INSURANCE, POLICY NUMBER (6), POLICY EFFECTIVE DATE (MM/DD/YY) (7), POLICY EXPIRATION DATE (MM/DD/YY) (8), LIMITS (9). Rows include General Liability, Automobile Liability (10), Workers' Compensation and Employer Liability (11), and Other Professional Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS 12
GENERAL LIABILITY AND AUTOMOBILE LIABILITY POLICIES ENDORSED TO INCLUDE CITY OF Tomball AS ADDITIONAL INSURED
WAIVER OF SUBROGATION GRANTED TO CITY OF Tomball WITH RESPECT TO AUTOMOBILE LIABILITY, WORKERS' COMPENSATION AND GENERAL LIABILITY

PROJECT DESCRIPTION: 13

CERTIFICATE HOLDER 14
City of Tomball
DEPARTMENT OF NAME:
Tomball, Texas 77315

CANCELLATION 15
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED, NON-RENEWED OR MATERIALLY CHANGED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE 16