

**Bidding Requirements, Contract Forms & Conditions of the Contract
Certificate of Insurance** **Section 0650**

CERTIFICATE OF INSURANCE

The insurance evidenced by this Certificate shall conform to the Supplemental General Conditions, Section 5.3 Insurance:

Name and Address of Agency:

Phone: _____

Name and Address of Insured:

Phone: _____

Prime or Sub-Contractor: _____

Name of Prime Contractor, if different from Insured:

New Braunfels Utilities Reference:
Project Name: _____

Project No.: _____
Project Location: _____

Managing Dept.: _____
Contract No.: _____
Project Mgr. _____

Companies Affording Coverages:
Company A
Letter _____
Company B
Letter _____
Company C
Letter _____
Company D
Letter _____

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (M/D/Y)	POLICY EXPIRATION DATE (M/D/Y)	LIMITS OF LIABILITY IN THOUSANDS (000) EACH
	<p align="center">Commercial General Liability Policy</p> <p>___ Blanket Contractual Liability</p> <p>___ Completed Operations/Products</p> <p>___ Explosion, Collapse, Underground</p> <p>___ Independent Contractor's Coverage</p> <p>___ Aggregate Limits Per Project Form - CG 2503</p> <p>Additional Insured Form - CG 2010</p> <p>___ 30 Day Notice of Cancellation Form - CG 0205</p> <p>___ Waiver of Subrogation Form - CG 2404</p>				<p>General Aggregate \$ _____</p> <p>Completed Operations/Products - Aggregate \$ _____</p> <p>Personal & Advertising Injury \$ _____</p> <p>Each Occurrence \$ _____</p> <p>Deductible or Self Insured Retention \$ _____</p>
	<p align="center">Auto Liability Policy</p> <p>___ Any Auto</p> <p>___ All Owned Autos</p>				<p>CSL \$ _____</p> <p>Bodily Injury (Per Person) \$ _____</p>

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	<p align="center">(Auto Liability Policy)</p> <p>___ Non-Owned Autos</p> <p>___ Hired Autos</p> <p>___ Waiver of Subrogation - TE2046A</p> <p>___ 30 Day Notice of Cancellation - TE0202A</p> <p>___ Additional Insured - TE9901B</p> <p>MCS 90</p>				<p>Bodily Injury (Per Accident) \$ _____</p> <p>Property Damage (Per Accident) \$ _____</p> <p>Deductible or Self Insured Retention \$ _____</p>
	<p align="center">Excess Liability</p> <p>___ Umbrella Form</p> <p>___ Excess Liability Follow Form</p>				<p>Each aggregate Occurrence \$ _____</p>
	<p align="center">Worker's Compensation and Employers' Liability</p> <p>___ Waiver of Subrogation - WC420304</p> <p>___ 30 Day Notice of Cancellation - WC420601</p>				<p>Statutory (Each Accident) \$ _____</p> <p>(Disease - Policy Limit) \$ _____</p> <p>(Disease - Each Employee) \$ _____</p>
	<p>___ Builders Risk or Installation Insurance</p>				
	<p align="center">Professional Liability</p> <p>___ 30 Day Notice of Cancellation</p> <p>Retro-Active Date: _____</p>				<p>Each Claim \$ _____</p> <p>Deductible or Self Insured Retention \$ _____</p>

This is to certify that policies of insurance listed above have been issued to insured named above and are in force at this time. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain; insurance afforded by policies described herein is subject to all terms, exclusions and conditions of such policies.

CERTIFICATE HOLDER:
 New Braunfels Utilities
 263 E. Main Plaza
 P.O. Box 310289
 New Braunfels, Texas 78131-0289

DATE ISSUED: _____

 AUTHORIZED REPRESENTATIVE

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