

### REQUIREMENTS

Type	Limit
<b>Automobile Liability (Auto)</b> - Covering 'Any Auto'	\$1,000,000 Combined Single Limit
<b>Comprehensive General Liability (CGL)</b> Including Products, Completed Operations, Independent Contractors, Broad Form Property Damage, Pollution and Blanket Contractual Liability coverages. XCU exclusions to be removed when underground work is performed.	\$1,000,000 Occurrence \$2,000,000 Aggregate \$1,000,000 Personal Injury \$ 500,000 Fire Damage \$ 5,000 Medical Payments
<b>Professional Errors &amp; Omissions Liability (E &amp; O)</b> may be required from all contractors and licensed or certified as professionals; e.g., engineers, architects, insurance agents, physicians, attorneys, banks, financial consultants, etc.	One-time project amount. \$1,000,000 Occurrence and Aggregate minimum \$5,000,000 Maximum Limit Retroactive Date preceding date of contract must be shown Extended Reporting Period three (3) years past completion of contract
<b>Workers' Compensation (WC)</b> Limits to comply with the requirements of the Texas Workers' Compensation Act Employers Liability	Statutory Limits  \$1,000,000
<b>Umbrella or Excess Liability</b> Excess of primary General Liability, Automobile Liability and WC Coverage B	100% of Contract Amount for all contracts exceeding \$100,000, up to \$25,000,000 max
<b>Sex Molestation/Abuse</b> Required when service performance permits direct, unsupervised access to students.	\$100,000 per claim/\$300,000 aggregate
<b>Cyber/Data Liability</b> Required if service involves use of or access to District-owned data. Coverage for Notification, Crisis Management, Regulatory Response and Privacy Liability.	Limit determined on per project basis.

### CONDITIONS

- 1 . Contractor shall not commence work until all required insurance coverages have been obtained and such insurance has been reviewed and accepted by the District. Certificates of Insurance on the current ACORD form shall be issued to the District showing all required insurance coverages.
- 2 . All insurance coverages shall be issued on an Occurrence basis (except Professional Liability) by companies acceptable to District and licensed to do business in the State of Texas by the Texas Department of Insurance. Such companies shall have a Best's Key rating of at least "A- X".
- 3 . The District reserves the right to review the insurance requirements during the effective period of any contract to make reasonable adjustments to insurance coverages and limits when deemed reasonably prudent by District based upon changes in statutory laws, court decisions or potential increase in exposure to loss.
- 4 . Limits for primary policies may differ from those shown when Umbrella or Excess Liability insurance is provided.
- 5 . Contractor shall be responsible for payment of all deductibles.

**All certificates must include:**

- a . The location or description and the bid number, CSP number or Purchase Order number
- b . A 30 day notice of cancellation of any non-renewal, cancellation or material change to any of the policies
- c . Additional Insured on the Property, General Liability, Automobile Liability and Umbrella (Excess) Liability policies naming the District.
- d . A "Waiver of Subrogation" clause in favor of the District will be attached to the Workers Compensation, General Liability, Automobile Liability, Umbrella Liability and the Property insurance policies.
- e . In addition to certificates of insurance, copies of policy endorsements must be provided (a) listing the District as Additional Insured, and (b) showing waivers of subrogation in favor of the District: CG2010, CG2037, CG2404, CA0070, CA0032, WC0003 or their equivalents.

# SAMPLE ACORD

Insurance Agent/Broker  
Providing Certificate

Trucker/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> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:														
<b>INSURED</b> Contractor/Vendor Name Address Name Needs to Agree with Contract	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Company A</td> <td></td> </tr> <tr> <td>INSURER B: Company B</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Company A		INSURER B: Company B		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Company A															
INSURER B: Company B															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**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 LTR	TYPE OF INSURANCE	ADJL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		XYZ2243433334	1/1/2012	1/1/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> UNINSURED AUTOS		ABCE897658	1/1/2012	1/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			1/1/2012	1/1/2013	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	8783009889	1/1/2012	1/1/2013	WC STATUTORY LIMITS <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Certificate Holder is named as an **Additional Insured** with respect to General Liability, Automobile Liability and Umbrella or Excess Liability coverages. General Liability coverage is primary and non-contributory. Waivers of Subrogation are provided on behalf of Certificate Holder with respect to Workers' Compensation, General Liability, Automobile Liability and Excess Liability. In the event of cancellation by the insurance companies, the policies have been endorsed to provide (30) days Notice of Cancellation to the certificate holder shown

<b>CERTIFICATE HOLDER</b> FBISD	<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

Insurance Agent / Broker Providing Certificate And Address

Contractor/Vendor Name Address Name Needs to Agree with Contract

Commercial General Liability & Occurrence Based

Limits Required in ALL Four

Note: Higher limits may be required

WC Statutory Limits  
Customary Limits for Umbrella attachment

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

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**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.