

SAMPLE C.O.I.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/26/2020

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).

PRODUCER		CONTACT NAME Agent Contact Info	
Agent Name and Contact Info		PHONE	FAX
		J/C, No, Ext:	A/C, No:
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
INSURER A: Insurance Company Name		NAIC #	
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Policy Number			EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ #
						MED EXP (Any one person) \$ #
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OTHER					PRODUCTS - COMPOF AGG \$ 2,000,000
						\$ #
	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Policy Number			COMBINED SINGLE LIMIT (Li accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALLOWED <input type="checkbox"/> SCHEDULED <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$ #
	<input checked="" type="checkbox"/> HIRED AUTOS					BODILY INJURY (Per accident) \$ #
						PROPERTY DAMAGE (Per accident) \$ #
	UMBRELLA LIAB					EACH OCCURRENCE \$ #
	EXCESS LIAB					AGGREGATE \$ #
	<input type="checkbox"/> OCC <input type="checkbox"/> RETENTION \$					\$ #
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	Policy Number			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ #
	ANY PROPRIETOR-PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH)					EL EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					EL DISEASE - EA EMPLOYEE \$ 1,000,000
						EL DISEASE - POLICY LIMIT \$ 1,000,000
						\$ #
						\$ #
						\$ #

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

Add'l insured:

The Renaissance on Turtle Creek COA
3225 Turtle Creek Blvd
Dallas, TX 75219

The Renaissance on Turtle Creek COA, its members, agents, directors and employees are named Additional Insured's on the above referenced General Liability and Auto Liability policies and are also granted a Waiver of Subrogation on the above referenced General Liability, Auto Liability and Workers' Compensation policies as required by written contract.

CERTIFICATE HOLDER

The Renaissance on Turtle Creek COA
3225 Turtle Creek Blvd
Dallas, TX 75219

CANCELLATION

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

Signature

Exhibit 1
to
UNDERSTANDING AND AGREEMENT CONCERNING MOVING AND DELIVERY PROCEDURES

The Renaissance on Turtle Creek Condominium Association, Inc. (the "Association")

INSURANCE REQUIREMENTS

RESPONSIBLE PARTY AND PROFESSIONALS SHALL NOT COMMENCE ANY MOVE OR DELIVERY UNTIL INSURANCE IS OBTAINED, AND EVIDENCE THEREOF IS PROVIDED IN COMPLIANCE WITH THE FOLLOWING REQUIREMENTS:

COVERAGE AND LIMITS

For purposes of any move/delivery identified in the Agreement to which this Exhibit is attached, Professional, at its own expense, will purchase and maintain (with companies licensed to do business in the State of Texas and having rates of *Best's Insurance Guide A/VII*, or better) insurance coverages and amounts as set forth below:

TYPE	AMOUNTS	OTHER REQUIREMENTS
1. Workers' Compensation and Employer's Liability	Statutory Limits, if state has no statutory limits then: \$1,000,000 each accident \$1,000,000 policy limit bodily injury by disease \$1,000,000 each employee, bodily injury by disease	1. Waiver of subrogation in favor of Insured Parties (hereafter defined). 2. No "alternative" forms of coverage will be permitted. 3. Insured Parties will be named as an "alternate employer".
2. Commercial General Liability (Occurrence Basis)	\$1,000,000 per occurrence \$2,000,000 general aggregate \$2,000,000 product-completed operations aggregate limit. \$1,000,000 personal and advertising injury limit \$50,000 fire legal liability \$5,000 medical expense limit	1. ISO form CG 0001 0196, or equivalent 2. Insured Parties will be named as "additional insureds" on ISO Form CG 2026 1185, or equivalent 3. Waiver of subrogation in favor of Insured Parties 4. Aggregate limit of insurance (per project) endorsement ISO CG2503 1185, or equivalent 5. Deletion of exclusions for liability assumed under Agreement (personal and advertising injury) 6. No modification which would make Consultant's policy excess over or contributory with Owner's liability insurance 7. This insurance will be maintained in identical coverage, form and amount, including required endorsements, for at least one (1) year following the completion of the move/delivery 8. Defense will be provided as an additional benefit and not included within the limit of liability

3. Umbrella Liability (Occurrence Basis)	\$2,000,000	1. Written on an umbrella basis above the coverage referenced above 2. Same inception and expiration dates as commercial general liability insurance 3. Aggregate limit of insurance per project endorsement
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OTHER REQUIREMENTS

Any aggregate limit which is reduced below 75% of the limit required by this Agreement because of losses incurred must be reinstated by Professional. No deductible or self-insured retention in excess of \$10,000 is permitted without the prior written approval of the Association. The maximum liability limits shall be available for the Association and Condominium.

EVIDENCE OF INSURANCE REQUIRED BEFORE SERVICES BEGIN

PROFESSIONALS SHALL NOT COMMENCE ANY MOVE OR DELIVERY UNTIL ALL INSURANCE REQUIREMENTS CONTAINED IN THIS EXHIBIT 1 HAVE BEEN COMPLIED WITH, AND A CURRENT CERTIFICATE OF INSURANCE HAS BEEN PROVIDED TO THE MANAGER. **The "ACORD Form 25-S Certificates of Liability Insurance" or another pre-approved substitute is the required form in all cases where reference is made herein to a "Certificate of Insurance".** The Certificate of Insurance must specify the additional insured status and waivers of subrogation, state the amounts of all deductibles and self-insured retentions, set forth notice requirements for cancellation, material change, or non-renewal of insurance and be accompanied by copies of all required endorsements, including, without limitation, the additional insureds endorsement in favor of the Association included below. The phrases "endeavor to" and "but failure to mail such notice will impose no obligation or liability of any kind upon Company, its agents or representative" must be deleted from the cancellation provision on the Certificate of Insurance and the following express provision added: ***"This is to certify that the policies of insurance described herein have been issued to the Insured for whom this certificate is executed and are in force at this time. In the event of cancellation, non-renewal, or material reduction of coverage affecting the certificate holder, 30-days' prior written notice will be given to the certificate holder by certified mail or registered mail, return receipt requested."*** If requested in writing by Manager, Professionals shall provide Manager or Association a certified copy of any or all insurance policies and endorsements required under this Exhibit 1.

INSURANCE REQUIRED FOR MOVE/DELIVERY DATE AND DURATION OF MOVE/DELIVERY

Any and all insurance required by this Exhibit 1 shall be maintained during the entire move or delivery, including any extensions thereto.

MANDATORY 30-DAY NOTICE OF CANCELLATION

Manager and Association shall, without exception, be given not less than thirty (30) days' notice prior to cancellation for other than non-payment of premium. Non-payment of premium shall require ten (10) days' prior notice of cancellation. Confirmation of this mandatory notice of cancellation shall appear on the Certificate of Insurance and on any and all insurance policies required by this Exhibit 1.

ADDITIONAL INSURED STATUS

Each insurance policy described in this Exhibit 1 shall be endorsed, using an additional insured endorsement, to name as additional insureds The Renaissance on Turtle Creek Condominium Association, Inc., the Board of Directors, all Association Members, Manager, and each of their respective officers, directors, employees, agents, and representatives (collectively, the "Insured Parties").

The coverage afforded the additional insureds shall be primary insurance. If any additional insureds have other insurance applicable to a loss, such other insurance shall be on an excess or contingent basis and shall apply only to such additional insureds.