

PWE FY2015

Consultant's Training

for City of Houston Professional Engineering Services Contracts

Thursday, October 16th, 2014
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Disclaimer

- This presentation is intended for informational purposes only. It does not constitute legal advice or bind the City in any manner. Please consult with the Office of the City Attorney before relying upon anything contained herein.
- Consultants must refer to the contract at issue to see what specific insurance coverage is required.

Handouts

1. PowerPoint Printout
2. City of Houston Insurance Compliance Package
 - a. Certificate of Insurance, Form HOU2
3. External Instructions for City of Houston Certificate of Insurance, Form HOU2
4. Sample Insurance Submission Instructions in E-Mail Format
5. Contact Information

Topics of Discussion

1. Contracting Authority
 - a. Who can sign the contract for the Consultant?
2. Insurance
 - a. Required Coverage
 - b. Certificate of Insurance
 - c. Endorsements

Contracting Authority

Authorized Signatory

“Signing Authority” Definition: Legal power delegated by an authoritative body (such as a board of directors) to organizational positions (such as president, managing director, manager) appointing them as agents of the organization for general or specific purposes.

Type of Entity	Authorized Signatory
Sole Proprietorship	Sole Proprietor
Partnership	Partner
Corporation	Except as otherwise provided in the articles or in these bylaws, the board of directors by resolution may authorize any officer, officers, agent, or agents to enter into any contract or to execute any instrument in the name of and on behalf of the corporation.
Limited Liability Company (LLC)	Member or Manager
Limited Partnership (LP)	Partner

Texas Secretary State

1. The City looks at the management listed on the Texas Secretary of State's website for each entity.
2. Depending on the type of entity and the person at issue position, support documents may be needed to show the required authorization.

City of Houston Form 501

If supporting documentation is needed, the City's Form 501, when executed correctly, takes care of any questions regarding one's authority to sign a contract.

Form 501

[Short Project Name]
Project No. [WBS/CIP/AIP/File No.] **RESOLUTION OF CONTRACTOR**

Document 00501

RESOLUTION OF CONTRACTOR

_____, ("Contractor"),
(Name of Contractor, e.g., "Biz, Inc.", "Biz LLP")
is a _____,
(Type of Organization, e.g., Corporation, Limited Partnership, Limited Liability Partnership, Limited Liability Company, etc.)
which is bound by acts of _____,
(Name and Form of Governing Entity, e.g., "Biz Inc. Board of Directors", "Bill Smith, GP", etc.)
("Governing Entity").

On the ____ day of _____, 20____, the Governing Entity resolved, in accordance with all documents, rules, and laws applicable to the Contractor, that

_____, is authorized to act as the
(Contractor's Representative)
Contractor's Representative in all business transactions (initial one) _____ conducted in the State of Texas OR _____ related to this Contract; and

The Governing Entity warrants that the above resolution (a) was entered into without dissent or reservation by the Governing Entity, (b) has not been rescinded or amended, and (c) is now in full force and effect; and

In authentication of the adoption of this resolution, I subscribe my name on this day of _____, 20____.

(Authorized Signature for Governing Entity) _____
(Print or Type Name and Title of Authorized Signatory)

SWORN AND SUBSCRIBED before me on _____
Date

Notary Public in and for the State of Texas

My Commission Expires: _____
Expiration Date _____
Print or Type Name of Notary Public _____

Insurance

Insurance Submission Checklist

1. City of Houston Certificate of Insurance (Form HOU2)
2. AM Best Rating Printout(s)
3. Worker's Compensation Waiver of Subrogation
4. CGL Additional Insured – Completed Operations
5. CGL Waiver of Subrogation
6. Auto Additional Insured
7. Auto Waiver of Subrogation

All 5 endorsements must:

1. Include the policy number and that number must match the number on the Certificate of Insurance; AND
2. List the City in the Schedule or provide a Blanket Coverage.

Large Documents

What happens when you receive a policy from your insurance provider?

What happens when you receive a long endorsement (more than 3 pages) your insurance provider?

The specific language in the policy or endorsement must be highlighted and the page(s) must be flagged.

ESK Insurance Requirements

COVERAGE	LIMIT OF LIABILITY
Workers' Compensation	Statutory for Workers' Compensation
Employer's Liability	<ul style="list-style-type: none"> • Bodily Injury by Accident \$100,000 (each accident) • Bodily Injury by Disease \$100,000 (policy limit) • Bodily Injury by Disease \$100,000 (each employee)
Commercial General Liability: Bodily and Personal Injury; Products and Completed Operations Coverage	Bodily Injury and Property Damage, Combined Limits of \$1,000,000 each occurrence, and \$1,000,000 aggregate
Automobile Liability	\$2,000,000 combined single limit for (1) Any Auto or (2) All Owned, Hired, and Non-Owned Autos
Professional Liability Coverage	\$2,000,000 per claim/aggregate
Excess Coverage	\$1,000,000 each occurrence/combined aggregate in excess of limits specified in Employer's Liability, CGL, and Liability.
Aggregate Limits are per 12-month policy period unless otherwise indicated.	

Certificate of Insurance

The City of Houston Certificate of Insurance (Form HOU2) must be used.

- a. Form HOU2 is located on Strategic Purchasing Division's ("SPD") website.

CoH Certificate of Insurance



Form Number: HOJ2
Revised Date: 05/01/2014

CERTIFICATE OF INSURANCE FOR SERVICES

This certificate of insurance is provided for informational purposes only. This certificate does not confer any rights or obligations other than the rights and obligations conveyed by the policies referenced on this certificate. The terms of the referenced policies control over the terms of this certificate.

Prior to the beginning of work, the vendor shall obtain the minimum insurance and endorsements specified. Agents must complete the form providing all requested information and submit by fax, U.S. mail, or e-mail as requested by the City of Houston. The endorsements listed below are required as attachments to this certificate; copies of the endorsements are also acceptable. PLEASE ATTACH ALL ENDORSEMENTS TO THIS FORM, AND INCLUDE THE MATCHING POLICY NUMBER ON THE ENDORSEMENT. Only City of Houston certificates of insurance are acceptable; commercial carrier certificates are not.

Provider: (Insert name of Insurance Company) _____
 Street/Mailing Address: (Insert address of insurance company) _____
 City: (Insert city) State: (Insert State) Zip Code: (Zip Code) Phone#: (Office Phone Number) _____
 Insured: (Insert name of the Contractor) _____
 Street/Mailing Address: (Insert mailing address of Contractor) _____
 City: (Insert city) State: (Insert State) Zip Code: (Zip Code) Phone#: (Office Phone Number) _____

WORKERS COMPENSATION INSURANCE COVERAGE
 Endorse with a Waiver of Subrogation in favor of The City of Houston
 Waiver of Subrogation Endorsement Number: (Enter Waiver of Subrogation Endorsement Number) _____

Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Workers Compensation Insurance	(Enter Policy Number)	(Enter Effective Date)	(Enter Expiration Date)	<input type="checkbox"/> W.C. Statutory Limits <input type="checkbox"/> E.L. Each Accident (Enter policy amount) <input type="checkbox"/> E.L. Disease - Each Employee (Enter policy amount) <input type="checkbox"/> E.L. Disease - Policy Limit (Enter policy amount)
Employer's Liability	(Enter Policy Number)	(Enter Effective Date)	(Enter Expiration Date)	<input type="checkbox"/> E.L. Disease - Policy Limit (Enter policy amount)

COMMERCIAL GENERAL LIABILITY INSURANCE
 Endorse with The City of Houston as Additional Insured and with a Waiver of Subrogation in favor of The City of Houston
 Additional Insured Endorsement #: (Enter Endorsement Number) _____ Waiver of Subrogation Endorsement #: (Enter Endorsement Number) _____

Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Commercial General Liability Insurance (see note)	(Enter Policy Number)	(Enter Effective Date)	(Enter Expiration Date)	<input type="checkbox"/> Each Occurrence (Enter policy amount) <input type="checkbox"/> Products-Completed Operations-Aggregate (Enter policy amount) <input type="checkbox"/> General Aggregate (Enter policy amount)

Form Number: HOJ2
Revised Date: 05/01/2014

AUTOMOBILE LIABILITY INSURANCE
 Endorse with The City of Houston as Additional Insured and with a Waiver of Subrogation in favor of The City of Houston
 Additional Insured Endorsement Number: (Enter Endorsement Number) _____ Waiver of Subrogation Endorsement Number: (Enter Waiver of Subrogation Endorsement Number) _____

Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
<input type="checkbox"/> Any auto <input type="checkbox"/> All Owned autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Non-owned Autos	(Enter Policy Number)	(Enter Effective Date)	(Enter Expiration Date)	Combined Single Limit (Enter policy amount) Bodily Injury (per person) (Enter policy amount) Bodily Injury (per accident) (Enter policy amount) Property Damage (per accident) (Enter policy amount)

OTHER INSURANCE COVERAGE (i.e. Excess Insurance, MCS-80, OCP or other needed insurance, see 3d page for needed information)

Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Excess Liability	(Enter Policy Number)	(Enter Effective Date)	(Enter Expiration Date)	(Enter policy amount)
Pollution	(Enter Policy Number)	(Enter Effective Date)	(Enter Expiration Date)	(Enter policy amount)
Builer's Risk	(Enter Policy Number)	(Enter Effective Date)	(Enter Expiration Date)	(Enter policy amount)
Other (Enter Other Insurance)	(Enter Policy Number)	(Enter Effective Date)	(Enter Expiration Date)	(Enter policy amount)
Other (Enter Other Insurance)	(Enter Policy Number)	(Enter Effective Date)	(Enter Expiration Date)	(Enter policy amount)

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE CONTRACT PROVISIONS.

PROJECT DESCRIPTION (Insert Project Manager Name, City Department and Mailing Address, and WBS Number)
 (Insert Project Manager Name, City Department and Mailing Address, WBS Number, and Project Description) _____

AGENT CERTIFICATION
 THIS IS TO CERTIFY TO THE CITY OF HOUSTON that the insurance policies above are in full force and effect.

Name of Insurance Company: (Insert name of insurance company)	Name of Authorized Agent: (Insert name of insurance agent)
Company Address: (Insert address of insurance company)	Agent's Address: (Insert address of insurance agent)
City: (Insert city) State: (Insert State) Zip: (Zip Code)	City: (Insert city) State: (Insert State) Zip: (Zip Code)
Authorized Agent's Phone Number (including Area Code) (Office Phone Number)	Original Signature of Authorized Agent
	Date (Date of Signature)

Form Number: HDU2
Revision Date: 08/01/2014

Additional Notes:

WORKERS COMPENSATION INSURANCE COVERAGE

COMMERCIAL GENERAL LIABILITY INSURANCE

AUTOMOBILE LIABILITY INSURANCE

OTHER INSURANCE COVERAGE

Additional Carrier Information (If multiple carriers providing insurance)

Carrier Name: [Insert insurance company name]
 NAIC#: [Insert NAICS code]
 Carrier Phone Number: [Insert Office Phone Number]
 Type of Insurance: [Insert specific type of insurance]

Carrier Name: [Insert insurance company name]
 NAIC#: [Insert NAICS code]
 Carrier Phone Number: [Insert Office Phone Number]
 Type of Insurance: [Insert specific type of insurance]

Carrier Name: [Insert insurance company name]
 NAIC#: [Insert NAICS code]
 Carrier Phone Number: [Insert Office Phone Number]
 Type of Insurance: [Insert specific type of insurance]

What to Check on Certificate of Insurance

1. Face Value of Policies
 - a. Face value of each policy must match the contract requirements
2. Expiration Date
 - a. Check the expiration date for each policy. If a policy is going to expire within 30 days, obtain a letter from the insurance provider.
3. Authorized Agent Signature
 - a. Check that an authorized agent has signed the second page of Certificate of Insurance.

Expired Policies

If a policy listed on Certificate of Insurance is going to expire within 30 days, then the Consultant must provide a letter from the insurance company on company letterhead stating that there is no known reason the policy will not be renewed on or before the expiration date. Letter must also be signed by an authorized representative.

Insurance Renewal Letter

Company Letterhead

Date

Project Manager
City of Houston
611 Walker Street
Houston, TX 77002

RE: Name of Project and WBS Number

Project Manager,

In response to CONSULTANT'S NAME TYPE policy that will expire on DATE for the above referenced contract, there is no known reason the TYPE policy for CONSULTANT'S NAME will not be renewed. A revised Certificate of Insurance will be provided once the TYPE policy has been renewed. The policy will name the City of Houston as an "additional insured" and waive any claim or right of subrogation to recover against the City.

Sincerely,

AUTHORIZED SIGNATORY
CONSULTANT'S NAME

AM Best Rating Printout

AM Best Ratings & Criteria Center

Regional Centers: Asia-Pacific | Canada | Europe, Middle East and Africa | Latin America | MENA & SCA

Home
 Credit Rating Releases
 Methodology
 Best's Credit Ratings
 Financial Strength Rating
 Issuer Credit Rating
 Debt Rating
 Advanced Search
 About Best's Credit Ratings
 Get a Credit Rating
 Best's Special Reports
 Add Best's Credit Ratings Search
 To Your Site
 Benchmark for Secure-Rated Insurers
 Contact an Analyst
 Awards and Recognitions

News & Analysis
 Products & Services
 Industry Information
 Corporate
 Regulatory Affairs
 Support & Resources
 Conferences and Events

Find a Best's Credit Rating
 Enter a Company Name

A.M. Best Rating Services
 Contact Information

View Rating Definitions
 Select one:

Insurance Company name and address.

Assigned to companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.

Based on A.M. Best's analysis, 058182 - Prudential Financial Inc is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

Best's Credit Ratings

View all of the companies assigned this rating as a part of an AMB Rating Unit

Financial Strength Rating [View Definition](#)

Rating: A+ (Superior)
 Affiliation Code: g (Group)
 Financial Size Category: XV (\$2 Billion or greater)
 Outlook: Stable
 Action: Affirmed
 Effective Date: May 09, 2013
 Initial Rating Date: June 30, 1928

Best's Credit Rating Analyst

Office: A.M. Best Company, Oldwick, NJ
 Managing Senior Financial Analyst: Robert Adams
 Assistant Vice President: Thomas Rosendale

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: aa-
 Outlook: Stable
 Action: Affirmed
 Effective Date: May 09, 2013
 Initial Rating Date: February 09, 2005

Denotes Under Review Best's Rating

Security Ratings

Date Issued	Amount	Coupon	Security	Type	Rating	Under Review/Implication
07/17/1995	100,000,000 USD	8.1%	Surplus Notes		a	No

AM Best Rating

A printout of the AM Best Rating must be provided for each insurance provider.

It is the Consultant's responsibility to provide the AM Best printout.

- Go to www.ambest.com and create an account.

Endorsements

Endorsements, Generally

Definition:

An endorsement changes the policy.
This means the policy is amended or
coverage is added.

Types of Endorsements

1. Additional Insured
 - a. A type of status associated with general liability insurance policies that provides coverage to other individuals/groups that were not initially named. After endorsement, the additional insured will then be protected under the named insurer's policy.
2. Waiver of Subrogation
 - a. Subrogation is the process where an insurer pursues reimbursement from another insurer for claims they paid that were caused by the actions of their policyholder.
 - b. Waiver of subrogation prevents the insurer from pursuing reimbursement the other insurer for such claims.

Example #1

Consultant's Commercial General Liability ("CGL") Policy may include Completed Operations. However, the endorsement must specifically state Completed Operations. Otherwise the coverage is not extended as it is an exclusion.

- Compare CG 20 10 07 04 (Additional Insured – Owners, Lessees or Contractors) against CG 20 37 07 04 (Additional Insured – Owners, Lessees – Completed Operations)

Example #2

Consultant's Commercial General Liability ("CGL") Policy impliedly (though not expressly) allows an insured to waive recovery against a third party prior to loss.

- ISO has promulgated a standard of waiver of subrogation endorsement. See CG 24 04.

Endorsements

Coverage	Additional Insured	Waiver of Subrogation
Worker's Compensation	NO	YES
Commercial General Liability ("CGL")	YES	YES
Automobile Liability	YES	YES
Professional Liability Coverage	NO	NO
Excess Coverage	NO	NO

Accepted Endorsement Forms

Coverage	Required Endorsement	Type	Form Number
Worker's Compensation	Waiver of Subrogation	Waiver of Transfer of Rights of Recovery Against Others	WC423004A
Commercial General Liability	Additional Insured	Additional Insured - Must include "Completed Operations"	GC 20 37
Commercial General Liability	Waiver of Subrogation	Waiver of Transfer of Rights of Recovery Against Others	CG 24 04
Automobile Liability	Additional Insured	Business Automobile Extension Endorsement	CA 04 03
Automobile Liability	Waiver of Subrogation	Waiver of Transfer of Rights of Recovery Against Others (This is a Waiver of Subrogation)	CA 04 44

Worker's Comp. Waiver of Subrogation

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy number must be listed and match the Policy Number provided on the COL.

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

Policy Number:
Effective Date:
Named Insured and Address:

Effective hour is the same as stated on the Information Page of the policy.

Endorsement Number:

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to

bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

SCHEDULE

The City must be specifically named in the Schedule. Alternatively, a blanket endorsement may be given.

- Special Waiver
Name of person or organization
- Blanket Waiver
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
- Premium:
The premium charge for this endorsement shall be _____ percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.
- Advance Premium:

CGL Additional Insured

ISO | Commercial General Liability Forms | 07/01/04
 POLICY NUMBER:

Policy number must be listed and match the Policy Number provided on the COI.

COMMERCIAL GENERAL LIABILITY
 CG 20 37 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement must contain "Completed Operations."

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

The City must be specifically named in the Schedule. Alternatively, a blanket endorsement may be given.

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section 8 – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

CG 20 37 07 04

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CGL Waiver of Subrogation

ISO | Commercial General Liability Forms | 05/01/09
 POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
 CG 24 04 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy number must be listed and match the Policy Number provided on the COI.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

The City must be specifically named in the Schedule. Alternatively, a blanket endorsement may be given.

Name Of Person Or Organization:
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

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Auto Liability Insurance

For automobile coverage, the Certificate of Insurance must indicate whether the Consultant has:

1. Any Auto or
2. Hired and Non-Owned Autos

Any Auto

If the Consultant selects “Any Auto”, then:

1. Consultant/Contractor must submit “Additional Insured” and “Waiver of Subrogation” endorsements.

Auto Liability Additional Insured

ISO | Commercial Auto Forms | 06/01/04
POLICY NUMBER: _____

COMMERCIAL AUTO
CA 94 03 06 04

Policy number must be listed and match the Policy Number provided on the COI.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEXAS ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

SCHEDULE

Name and Address of Additional Insured:

The City must be specifically named in the Schedule. Alternatively, a blanket endorsement may be given.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Who is An Insured (Section II) is amended to include as an "insured" the person(s) or organization(s) shown in the Schedule, but only with respect to their legal liability for acts or omissions of a person for whom Liability Coverage is afforded under this policy.
- B. The additional insured named in the Schedule or Declarations is not required to pay for any premiums stated in the policy or earned from the policy. Any return premium and any dividend, if applicable, declared by us shall be paid to you.
- C. You are authorized to act for the additional insured named in the Schedule or Declarations in all matters pertaining to this insurance.
- D. We will mail the additional insured named in the Schedule or Declarations notice of any cancellation of this policy. If we cancel, we will give 10 days notice to the additional insured.
- E. The additional insured named in the Schedule or Declarations will retain any right of recovery as a claimant under this policy.

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Auto Liability Waiver of Subrogation

Policy number must be listed and match the Policy Number provided on the COI.

POLICY NUMBER: _____

COMMERCIAL AUTO
CA 94 44 03 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

The City must be specifically named in the Schedule. Alternatively, a blanket endorsement may be given.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

Hired and Non-Owned

If the Consultant does not own any autos, then:

- a. Certificate of Insurance must have "Hired Autos" and "Non-Owned Autos" checked.
- b. Hired and Non-Owned Automobile Liability Coverage Endorsement.
- c. Consultant must provide a letter stating that Consultant does not own any autos and if Consultant purchases any auto(s) in the future during this project, Consultant will provide owned auto coverage.

Hired & Non-Owned Endorsement

Policy #  Policy number must be listed and match the Policy Number provided on the COL.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HIRED AUTO AND NON-OWNED AUTO - TEXAS

This endorsement modifies insurance provided under the following:

BUSINESS LIABILITY COVERAGE FORM

This coverage is subject to all provisions in the BUSINESS LIABILITY COVERAGE FORM not expressly modified herein:

A. Amended Coverage:

Coverage is extended to "bodily injury" and "property damage" arising out of the use of a "hired auto" and "non-owned auto".

B. Paragraph B. EXCLUSIONS is amended as follows:

1. Exclusion g. Aircraft, Auto or Watercraft does not apply to a "hired auto" or "non-owned

(3) Being stored, disposed of, treated or processed in or upon the covered "auto";

- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

No Auto Letter

COMPANY LETTERHEAD

Date

Project Manager
City of Houston
611 Walker Street
Houston, TX 77002

RE: Name of Project and WBS Number

Project Manager,

In response to CONSULTANT'S NAME providing an automobile liability policy for the above referenced contract, CONSULTANT'S NAME does not own any automobiles. Should CONSULTANT'S NAME acquire any vehicles for the duration of this contract, CONSULTANT'S NAME will: (1) purchase any owned or all owned automobile insurance; (2) name the City of Houston as an "additional insured"; and (3) waive any claim or right of subrogation to recover against the City.

Sincerely,

AUTHORIZED SIGNATORY
CONSULTANT'S NAME

Professional Liability

1. No endorsement required.
2. Required coverage increased for FY2015 Professional Engineering Services Contracts.

Excess Liability

1. No endorsement required.
2. A new coverage requirement on Professional Engineering Services Contracts.

Final Review

1. At least 7 documents are required when submitting your insurance documents for review by Legal.
2. Ensure that each of the 5 endorsements contains the policy number and that number matches the policy number listed on the Certificate of Insurance.
3. Ensure that the City is specifically named on the endorsement or that a "Blanket Endorsement" has been provided.

Summary

1. Contracting Authority

- a. Who can sign the contract for the Consultant?

2. Insurance

- a. Required Coverage
- b. Certificate of Insurance
- c. Endorsements

If you have questions, please
contact the Office of the City
Attorney.

This PowerPoint Presentation was created by
Lindsay Canning, Assistant City Attorney.