



## EXHIBIT "E"

### 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 carriers' certificates are not.

**Producer:** \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Insured:** \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone#: \_\_\_\_\_

**WORKERS COMPENSATION INSURANCE COVERAGE:**

Endorsed with a Waiver of Subrogation in favor of *The City of Houston*

**Waiver of Subrogation Endorsement #:** \_\_\_\_\_

Carrier Name: NAIC#:		Carrier Phone Number:		
Address:		City:	State:	Zip:
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Workers Compensation Insurance				<input type="checkbox"/> W.C. Statutory Limits E.L. Each Accident \$ _____ E.L. Disease – Each Employee \$ _____ E.L. Disease – Policy Limit \$ _____
Employers' Liability				

**COMMERCIAL GENERAL LIABILITY INSURANCE:**

Endorsed with *The City of Houston* as Additional Insured and with a Waiver of Subrogation in favor of *The City of Houston*.

**Additional Insured Endorsement #:** \_\_\_\_\_

**Waiver of Subrogation Endorsement #:** \_\_\_\_\_

Carrier Name: NAIC#:		Carrier Phone Number:		
Address:		City:	State:	Zip:
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Commercial General Liability Insurance				Each Occurrence: \$ _____ Products/Completed Operations Aggregate \$ _____ General Aggregate \$ _____
___ Claims Made ___ Occurrence				

**AUTOMOBILE LIABILITY INSURANCE:**

Endorsed with *The City of Houston* as Additional Insured and with a Waiver of Subrogation in favor of *The City of Houston*.

**Additional Insured Endorsement #:**

**Waiver of Subrogation Endorsement #:**

Carrier Name: NAIC#:		Carrier Phone Number:		
Address:		City:	State:	Zip:
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				Combined Single Limit \$ _____  Bodily Injury (per person) \$ _____  Bodily Injury (per accident) \$ _____  Property Damage (per accident) \$ _____

**OTHER INSURANCE COVERAGE:** (i.e. Excess Insurance, or other; attach additional pages as needed)

Carrier Name: NAIC#:		Carrier Phone Number:		
Address:		City:	State:	Zip:
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Excess Liability Pollution Builder's Risk Other _____				\$ _____ \$ _____ \$ _____ \$ _____

**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.

**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:	Name of Authorized Agent:
Company Address:	Agent's Address:
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Authorized Agent's Phone Number (including Area Code)	Original Signature of Authorized Agent
	X
	Date