SUBSECTION 2.04 F CERTIFICATE OF INSURANCE REQUIREMENTS

Without limiting any of the other obligations or liabilities of the Contractor, the Contractor shall provide minimum insurance coverages as listed below, prior to the execution of the contract and maintain coverages, without interruption provided by an insurer of a Best Rating of B+ or better, until the work is completed and accepted by the City. A certificate of insurance will be placed on file with the contracting department of the City of Amarillo prior to the execution of the contract.

TYPE OF COVERAGE

WORKERS' COMPENSATION - Coverage A

MINIMUM LIMITS

Statutory

WORKER COMI BROMITOR - COVERAGE M	Statutory
EMPLOYERS LIABILITY - Coverage B	
Bodily Injury by Accident - each accident	\$100,000
Bodily Injury by Disease - policy limit	\$500,000
Bodily Injury by Disease - each employee	\$100,000

NOTES:

Worker's Compensation insurance shall include a Waiver of Subrogation in favor of the City of Amarillo

COMMERCIAL GENERAL LIABILITY:

Coverage A - Each Occurrence	\$500,000
Coverage B - Personal & Advertising Injury	\$500,000
General Aggregate Other Than Products/Completed Operations	\$500,000
Products/Completed Operations Aggregate	\$500,000

NOTES:

- 1) Coverage for explosion, collapse, & underground property hazards cannot be excluded.
- 2) Contractual liability coverage cannot be excluded.
- 3) Contractor will assume all liability for independent subcontractors.
- 4) Coverage must include the City of Amarillo as an Additional Insured for all work performed for or on behalf of the City.

AUTOMOBILE LIABILITY:

Bodily Injury Liability - Each Person	\$250,000
Bodily Injury Liability - Each Occurrence	\$500,000
Property Damage Liability - Each Occurrence	\$100,000

NOTES:

- 1) Coverage must include all owned, hired and nonowned autos.
- 2) Coverage must include City of Amarillo as an additional insured.

OWNER-CONTRACTOR PROTECTIVE POLICY FOR WATER, SEWER, STORMSEWER OR PROJECTS WITH OVER HEAD CONSTRUCTION

Each Occurrence \$500,000

In the event of any material change, non-renewal or cancellation of any policy, contractor's insurance company will give thirty (30) days actual prior written notice to the contracting department of the City of Amarillo for such changes or cancellation.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/00

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 have ADDITIONAL INSURED provisions or 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			CONTA	CT First D	iok Ingurar	nce Company		
Any Company			NAME: PHONE	FIISLF	ick ilisulai	FAX		
the state of the s			PHONE FAX (A/C, No, Ext): (A/C, No):					
1234 Purchasing Drive			ADDRESS:			T		
Amarillo, TX 79000-111	1		INSURER(S) AFFORDING COVERAGE INSURER A:		NAIC#			
INSURED					9			
Motivation, Inc.			INSURER B: INSURER C:					
3890 Ambition Drive								
Amarillo, TX 79124-10	00		INSURER D: INSURER E:					
Amamio, 17 79124-100	UU		INSURE					
COVERAGES CER	TIFIC	CATE NUMBER:	INSORE	-KT	- E 111 - 11	REVISION NUMBER:		
			VE BEE	N ISSUED TO	THE INSURE		ICY PERIOD	
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		SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A X COMMERCIAL GENERAL LIABILITY		DOD 0404440		01/01/00	01/01/01		0,000	
CLAIMS-MADE X OCCUR	X	PQR 9101112		0 1/0 1/00	01/01/01	DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
						MED EXP (Any one person) \$		
				~	T	PERSONAL & ADVINJURY \$ 500	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:		4				GENERAL AGGREGATE \$ 500	0,000	
POLICY PRO- JECT LOC			. 7		11	PRODUCTS - COMPIOP AGG \$ 500	0,000	
OTHER:					11/	s		
A AUTOMOBILE LIABILITY		XYZ 9101112-	1	01/01/00	01/01/01	COMBINED SINGLE LIMIT (Ea accident) \$		
X ANY AUTO	X	XII SIOTILE		1		BODILY INJURY (Per person) \$ 25	0,000	
OWNED X SCHEDULED AUTOS ONLY Y NON-OWNED			1				0,000	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		M I V .				Tr. or decidently	0,000	
	1.0					s		
UMBRELLA LIAB OCCUR					(Serie Fell	EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE				10 m 13 i	fame all	AGGREGATE \$		
DED RETENTIONS WORKERS COMPENSATION	/					S S		
A AND EMPLOYERS' LIABILITY		ABC 9101112-	-2	01/01/00	01/01/01	PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						00,000	
(Mandatory in NH) If yes, describe under							00,000	
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 50	00,000	
						1 × 1 ×		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI	EC /A	CORD 101 Additional Remarks School	la may b	a attached if man		and)		
Certificate Holder is name								
of Subrogation in favor of	the	City of Amarillo appli	es to	Work Co	omp for a	II work performed on b	behalf	
of the City.								
~								
CERTIFICATE HOLDER		100	CANO	ELLATION	To a			
					AND THE PERSON OF			
City of Amarillo						ESCRIBED POLICIES BE CANCELL		
				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
P.O. Box 1971								
Amarillo, TX 79105					JI,-1			
7 (marmo, 17, 70100								