

ATTACHMENT "A"
INSURANCE REQUIRED

1. Certificate of Liability Insurance in the amount of \$1,000,000 each occurrence, \$2,000,000 general aggregate including contractual coverage, products and completed operations.
2. Name Bass Construction Co., Inc. (Contractor) and City of Katy (Owner) as an additional insured, on all of Subcontractor's Commercial Liability insurance policies.
Use ISO occurrence form CG 00 01 1093 or equivalent. It shall apply as Primary and non-contributing Insurance before any other insurance or self-insurance, including and deductible, maintained by, or provided to, the additional insured. Subcontractor shall maintain Commercial General Liability for itself and all additional insured for the duration of the project and maintain Completed Operations coverage for itself and each additional insured for at least 10 years after completion of the Work.
3. Commercial Umbrella Insurance: Name Bass Construction Co., Inc. (Contractor) and City of Katy (Owner) as insured's having the same coverage as additional insured's name on the commercial General Liability. Minimum limits of \$1,000,000 required.
4. Automobile Liability – Subcontractor shall maintain Business Automobile Liability with minimum limits of \$1,000,000 each accident including contractual. This includes all owned, leased, hired and non-owned automobiles. Bass Construction Co., Inc. (Contractor) and City of Katy (Owner) shall be included as insured's on the auto policy.
5. Minimum limits coverage of Liability: Worker's Compensation-Statutory. Employers Liability Insurance minimum limits of at least \$1,000,000 each accident for bodily injury by accident and \$1,000,000 each employee for injury by disease.
6. **Waiver of Subrogation: Subcontractor waives all rights against Contractor, Owner and Architect and their agents, officers, directors, and employees for recovery of damages.**
7. Notification provision: All above referenced certificates and the insurance policies required shall contain a provision that coverage afforded under the policies will not be cancelled or allowed to expire until at least 60 days' prior written notice has been given to Bass Construction Co., Inc. (Contractor) and City of Katy (Owner).
8. Subcontractor is to supply Bass Construction with evidence of their respective agents Errors and Omissions (E&O) Liability Insurance in amount of not less than \$1,000,000. ***THIS IS FOR DESIGN BUILD PROJECT - N/A TO THIS PROJECT**
9. Certificates of Insurance
 - Liability Insurance – ACORD Form 25 (2010/05 form)
 - Attachments must include: Additional Insured, Waiver of Subrogation, Notice of Cancellation.

* Prior to commencement of work, contractor shall deliver to the Owner and the General Contractor (Bass Construction Co., Inc.) Certificates of Insurance acceptable to the Owner and the General Contractor to evidence all such insurance coverages. Bass Construction Co., Inc. reserves the right to require complete and certified copies of all such insurance policies upon request *

Print Name

Date

Signature

Title

INSURANCE REQUIREMENTS

As a minimum, the following insurance is required to work with Bass Construction Co, Inc.:

TYPE OF COVERAGE	LIMITS & COMMENTS	ADDITIONAL REQUIREMENTS
Property Insurance: a) Project/General Contractor's Property	Covered by General Contractor's Builder's Risk policy. No coverage for Contractor's tools & equipment.	
Commercial General Liability: (with a combined single limit for Bodily Injury and Property Damage) <ul style="list-style-type: none"> ▪ Personal Injury Liability ▪ Each Occurrence ▪ General Aggregate, per project/location ▪ Products and Completed Operations, Agg. ▪ Contractual Liability ▪ Independent Contractors Liability ▪ Premises Damage Legal Liability 	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 Included Included \$100,000	Bass and Owner named as additional insured. Primary and Non-contributory. Completed operations for 10 years. Waiver of Subrogation.
Automobile Liability: (for all vehicles owned, non-owned, hired or otherwise used in connection with business operations on or from this premises)	\$1,000,000 Per Accident Combined Single Limit for Bodily Injury and Property Damage	Bass and Owner named as additional insured. Waiver of Subrogation.
Workers' Compensation Insurance: Employers Liability:	Statutory Limits \$1,000,000 each accident, \$1,000,000 each person for disease and \$1,000,000 aggregate for disease (or whatever limits are required as underlying insurance for the Umbrella or Excess Liability)	Waiver of Subrogation.
Umbrella or Excess Liability: (not less broad than primary policies)	\$1,000,000 Each Occurrence \$1,000,000 Aggregate	Bass and Owner named as additional insured. Waiver of Subrogation.

(Instructions for completing and submitting a certificate to Bass Construction)
REFERENCE SAMPLE ATTACHED

Complete the Certificate of Insurance with the information listed below:

- A) Certificate of Insurance Date
- B) Producer (Insurance Agency) information –complete name, address, telephone information & email address.
- C) Insured’s (Insurance Policy Holder) Information-name & address information.
- D) Insured (name/names of insurance company) **Remember Bass Construction requires all insurance companies to be Authorized to do business in the State of Texas and be rated by A.M. best with rating of B+ (or better) Class VI (or higher to otherwise be acceptable to Bass Construction if not rated by A.M. Best)
- E) NAIC # (National Association of Insurance Commissioners, a # that is assigned by the State to all insurance companies)
- F) Insurer letter represents which insurance company provides which type of cover from D
- G) General Liability Insurance Policy – must have an (x) in box. Also, “Occurrence” type policy- must have an (x) in the box (occurrence policy preferred but claims made policy can be accepted with special approval)
- H) This section shall be filled in with “Y” for yes under “Additional Insured for all coverages, except for Professional Liability and Workers’ Compensation. There shall also be a “Y” for yes under all coverages subrogation waived.
- I) Automobile Liability Insurance – must be checked for any Auto, All Owned Autos, and Hired Autos.
- J) Umbrella Coverage – must be checked in this section and by occurrence.
- K) Worker’s Compensation and Employers Liability Insurance – information must be completed in this section of the certificate of insurance form.
- L) Builder’s Risk Policy or Professional Services – for construction project as designated by Bass Construction (if required)*specified on Sample Certificate for **NOT REQUIRED FOR SUBCONTRACTORS. REQUIRED FOR ENGINEERING, DESIGNING PROFESSIONALS.**
- M) Insurance Policy numbers
- N) Insurance policy effective dates (always check for current dates) *send a certificate if expired.
- O) Insurance Policy Limits (See Insurance Required) Attachment “A”
- P) This section is to list projects, location of project. Endorsements to the insurance policy (ies) must be provided separately and not in this section. The following endorsements are required by Bass Construction.
 - 1. Adding Bass Construction as additional insured. The “additional insured” endorsements is not require for professional liability and workers compensation insurance and
 - 2. Waiver of Subrogation
 - 3. Primary and Non-Contributory
 - 4. Cancellation Notice
- Q) Bass Construction Co., Inc. address information must be listed in this section.
- R) Notice of cancellation, non-renewal, or material change to the insurance policy (ies) must be provided to Bass Construction Co., Inc. in accordance with a cancellation notice endorsement to the policy and/or per the policy provisions based on the endorsement adding Bass Construction Co., Inc. as additional insurance (Sec. 1811.155, Texas Ins. Code)
- S) The certificate must be signed by the Authorized Agent in this section of the certificate form.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/1900

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 ABC Insurance Agency 555 Main Street Tampa, FL 33333-0000		CONTACT NAME: PHONE (Ac. No., Ext.): E-MAIL ADDRESS: FAX (Ac. No.):															
INSURED XYZ Company 123 Apple Street Tampa, FL 22222-0000		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Insurance Carrier</td> <td>00000</td> </tr> <tr> <td>INSURER B : Insurance Carrier</td> <td>00000</td> </tr> <tr> <td>INSURER C : Insurance Carrier</td> <td>00000</td> </tr> <tr> <td>INSURER D : Insurance Carrier</td> <td>00000</td> </tr> <tr> <td>INSURER E : Insurance Carrier</td> <td>00000</td> </tr> <tr> <td>INSURER F : Insurance Carrier</td> <td>00000</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Insurance Carrier	00000	INSURER B : Insurance Carrier	00000	INSURER C : Insurance Carrier	00000	INSURER D : Insurance Carrier	00000	INSURER E : Insurance Carrier	00000	INSURER F : Insurance Carrier	00000
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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	ADDL SUBR INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LO	Y Y	X123456	01/01/1900	01/01/1900	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE 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-OWN AUTOS	Y Y	123456789	01/01/1900	01/01/1900	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y Y				EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A Y	01234	01/01/1900	01/01/1900	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L EACH ACCIDENT \$ 500,000 E.L DISEASE - EA EMPLOYEE \$ 500,000 E.L DISEASE - POLICY LIMIT \$ 500,000
E	<input type="checkbox"/> Builder's Risk <input type="checkbox"/> Professional Services	Y Y	Not Required on this Project	01/01/1900	01/01/1900	100% Insurable Value, replacement cost basis \$1,000,000 each claim / \$1,000,000 aggregate

Effective January 1, 2012 must be in compliant with Chapter 1811, Texas Ins. Code (SB4 25 enacted by Texas Legislature 82 (R) session in 2011).

Bass Construction Company and other parties specifically required to be covered under the Subcontract Agreement are hereby covered as Additional insured under the insured's General Liability and automobile Liability and Umbrella policies. Waiver of Subrogation is provided on General Liability, Commercial Auto, Workers Compensation and Umbrella Policies in favor of Certificate Holder and other parties as specially required per Subcontract Agreement. Insured's policies are endorsed to confirm that they are Primary and Non-Contributory. This Certificate is issued with respect to the following project:

CERTIFICATE HOLDER Bass Construction Co., Inc. 1124 Damon Street Rosenberg, TX. 77471	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 AUTHORIZED SIGNATURE REQUIRED HERE
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