



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
CURRENT DATE

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).

<b>PRODUCER</b> INSURANCE PROVIDER NAME ADDRESS CITY, STATE, ZIP	<b>CONTACT NAME:</b> NAME OF YOUR AGENT <b>PHONE (A/C, No. Ext):</b> AGENT PHONE NUMBER <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> AGENT E-MAIL ADDRESS	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: INSURER B: Insurance shall be written by a carrier with an INSURER C: A-: VII or better rating in accordance with INSURER D: current A.M. Best Key Rating Guide INSURER E: INSURER F:	
<b>INSURED</b> YOUR COMPANY NAME OR DBA ADDRESS CITY, STATE, ZIP		

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	LISD Insurance Requirements Page 2, 2.Commercial General Liability			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	LISD Insurance Requirements Page 3, 3.Automobile Liability			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input checked="" type="checkbox"/>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$	Y	Y	LISD Insurance Requirements Page 3, 9.Umbrella or Excess Liability			EACH OCCURRENCE \$ AGGREGATE \$ \$
<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	LISD Insurance Requirements Page 3, 4.(a,c,d) Workers' Compensation Insurance 4.(b,c,d) Employers' Liability			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
<input checked="" type="checkbox"/>	<b>PROFESSIONAL LIABILITY</b> <b>CYBER &amp; DATA BREACH LIABILITY</b> <b>SEXUAL MISCONDUCT LIABILITY</b> <b>CRIME LIABILITY</b>	Y	Y	LISD Insurance Requirements Page 3, 5.Professional Liability 6.Cyber & Data Breach Liability 7.Sexual Misconduct Liability 8.Crime Liability			Each Claim/Agg. \$ 1,000,000 Retention \$5,000 \$ 1,000,000 Each Claim/Agg. \$ 1,000,000 Each Claim/Agg. \$ 1,000,000 \$

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

- LISD Insurance Requirements Page 1,
- All policies must be primary over any other valid and collectible insurance carried by LISD.
  - Each insurance policy shall be endorsed to state that coverage shall not be suspended, voided, canceled, non-renewed or reduced in coverage or in limits except after thirty (30) days prior written notice by certified mail, return receipt requested has been given to LISD.
  - Waiver of Subrogation in favor of Lewisville Independent School District ("LISD" or the "District"), its officials, employees, and volunteers for losses arising from work performed by contractor for the District.
  - Lewisville ISD must be named as an Additional Insured and the Certificate Holder.
  - Reference to the project name, project number or RFP number.

## CERTIFICATE HOLDER

## CANCELLATION

Lewisville Independent School District Administrative Center Attn: Procurement and Contracts Room 220 1565 W. Main St. Lewisville, TX 75067	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 HANDWRITTEN SIGNATURE
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