

**CONSTRUCTION CERTIFICATE OF INSURANCE WORKSHEET**  
**Certificate Deficiencies (ACORD 25 Required)**

<b>Company Name:</b>	Contract Date:
Project Name/Type:	Contract Amount:

<b>General Liability</b>	Company:	Best Rating:	Dates:
	Each Occurrence Limit Required: 1,000,000		
	Damage to Rented Premises (Fire Damage) 100,000		
	Medical Expense Limit: 5,000 any one person		
	Personal & Advertising Injury Limit: 1,000,000		
	General Aggregate Limit: 2,000,000		
	Products-Completed Operations Agg Limit: 2,000,000		
	Blanket Contractual Liability Required		
	Independent Contractors Required		
	Broad Form Property Damage Required		
	Per Project Aggregate Required		
	Pollution Required if applicable		
	Explosion, Collapse, Underground (XCU) If applicable		
	Sexual Abuse & Harassment Required if exposure		

<b>Auto Liability</b>	Company:	Best Rating:	Dates:
	Combined Single Limit Required: 1,000,000		
	Any Auto		

<b>Umbrella Liability</b>	Company:	Best Rating:	Dates:
	Limits: 100% of contract 1,000,000 min; 25,000,000 max		
	General Liability included		
	Automobile included		
	WC Employer Liability included		
	Following Form required		

<b>Professional Liability</b>	Company:	Best Rating:	Dates:
	Limits: 100% of contract 1,000,000 min; 10,000,000 max		
	Retroactive date precedes contract date		
	Extended Reporting Period two years after completion		

<b>Worker's Compensation</b>	Company:	Best Rating:	Dates:
	Statutory Limits Texas WC only Required		
	Employer Liability (Coverage B) Limits 1,000,000		

<b>Builders Risk (Installation)</b>	Company:	Best Rating:	Dates:
	Limits: Contract Amount or Cost of Scope of Work		
	Deductible: 1% of Contract, \$50,000 Maximum		
	Permission to Occupy granted Required		

<b>Endorsements attached:</b>	GL & CO	Auto	WC	Builder Risk
Owner as Additional Insured				
Waiver of Subrogation in favor of Owner				
30 Day Notice-Cancellation, Nonrenewal or Change				
Statement of incurred claims against Aggregate Limits				

**Certification of Criminal History Background Check** (contact with students):

**Comments:**

<b>Certificate Holder:</b>	Department:
Contact:	E-mail:
Phone:	Date:

A.M. Best minimum rating A- X

<http://www3.ambest.com/ratings/RatingsSearch.asp>