

# Subcontractor Sample Certificate of Insurance

(ACTUAL COVERAGE/LIMITS WILL VARY ACCORDING TO CONTRACT REQUIREMENTS)

**ACORD**<sup>TM</sup>

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**TBD**

**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).**

| <b>PRODUCER</b><br><br><b>AGENT INFORMATION</b>        | <b>CONTACT NAME:</b><br><b>PHONE</b><br>(A/C. No. Ext): _____ <b>FAX</b><br>(A/C. No.): _____<br><b>E-MAIL ADDRESS</b>  |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
|--|---|-------------------------------|--------|---|--|---|--|---|--|---|--|---|--|---|--|
| <b>INSURED</b><br><br><b>SUBCONTRACTOR INFORMATION</b> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A : INSURANCE COMPANY NAME</b></td> <td></td> </tr> <tr> <td><b>INSURER B : INSURANCE COMPANY NAME</b></td> <td></td> </tr> <tr> <td><b>INSURER C : INSURANCE COMPANY NAME</b></td> <td></td> </tr> <tr> <td><b>INSURER D : INSURANCE COMPANY NAME</b></td> <td></td> </tr> <tr> <td><b>INSURER E : INSURANCE COMPANY NAME</b></td> <td></td> </tr> <tr> <td><b>INSURER F : INSURANCE COMPANY NAME</b></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A : INSURANCE COMPANY NAME</b> |  | <b>INSURER B : INSURANCE COMPANY NAME</b> |  | <b>INSURER C : INSURANCE COMPANY NAME</b> |  | <b>INSURER D : INSURANCE COMPANY NAME</b> |  | <b>INSURER E : INSURANCE COMPANY NAME</b> |  | <b>INSURER F : INSURANCE COMPANY NAME</b> |  |
| INSURER(S) AFFORDING COVERAGE                          | NAIC #  |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| <b>INSURER A : INSURANCE COMPANY NAME</b>              |   |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| <b>INSURER B : INSURANCE COMPANY NAME</b>              |   |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| <b>INSURER C : INSURANCE COMPANY NAME</b>              |   |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| <b>INSURER D : INSURANCE COMPANY NAME</b>              |   |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| <b>INSURER E : INSURANCE COMPANY NAME</b>              |   |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |
| <b>INSURER F : INSURANCE COMPANY NAME</b>              |   |                               |        |   |  |   |  |   |  |   |  |   |  |   |  |

**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 INSR | SUBR WVD | POLICY NUMBER        | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|----------------------|-------------------------|-------------------------|---|
| <b>A</b> | <b>GENERAL LIABILITY</b>  |           |          | <b>POLICY NUMBER</b> | <b>TBD</b>              | <b>TBD</b>              | EACH OCCURRENCE <b>\$1,000,000</b>  |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y         | Y        |                      |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$100,000</b><br>MED EXP (Any one person) <b>\$10,000</b><br>PERSONAL & ADV INJURY <b>\$1,000,000</b><br>GENERAL AGGREGATE <b>\$2,000,000</b><br>PRODUCTS - COMP/OP AGG <b>\$1,000,000</b> |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b>   |           |          | <b>POLICY NUMBER</b> | <b>TBD</b>              | <b>TBD</b>              | COMBINED SINGLE LIMIT <b>\$1,000,000</b>  |
|          | <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS  | Y         | Y        |                      |                         |                         | BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| <b>B</b> | <b>UMBRELLA LIAB</b>  |           |          | <b>POLICY NUMBER</b> | <b>TBD</b>              | <b>TBD</b>              | EACH OCCURRENCE <b>\$5,000,000</b>  |
|          | <input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> CLAIMS-MADE<br>DED _____ RETENTION \$ _____   | Y         | Y        |                      |                         |                         | AGGREGATE <b>\$5,000,000</b>  |
| <b>C</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |           |          | <b>POLICY NUMBER</b> | <b>TBD</b>              | <b>TBD</b>              | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER  |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A<br>(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | Y        |                      |                         |                         | E.L. EACH ACCIDENT <b>\$1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b><br>E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required-**  
**Re: 800 Gessner, Houston, Texas 77024, 820 Gessner Houston, Texas 77024 and 840 Gessner, Houston, Texas 77024**  
 Specific Additional Insured to include Memorial City Towers, Ltd., Memorial City 840, LLC and Metro National Corporation with regards to Automobile Liability, General Liability and Umbrella Liability policies. Specific Waiver of Subrogation in favor of Memorial City Towers, Ltd., Memorial City 840, LLC and Metro National Corporation with regard to all policies which will be considered Primary and Noncontributory. A 30-day notice of cancellation is provided to the certificate holder.

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| <b>CERTIFICATE HOLDER</b><br><br><b>Memorial City Towers, Ltd.</b><br><b>c/o Metro National Corporation</b><br><b>820 Gessner, Suite 200</b><br><b>Houston, TX 77024</b> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE |
|--|--|