

## Sample Certificate of Insurance

An **original** certificate of insurance which conforms to the standards indicated below must be submitted by all exhibitors requesting approval for an EAC. **Original Forms need to be mailed to: Texas Association of Builders, ATTN: Tamara Zengerle 313 East 12<sup>th</sup> Street, Ste. 210 Austin, TX 78701 by Wednesday, June 7, 2023.**

\* NOTE: ALL DATES MUST INCLUDE COVERAGE DURING MOVE-IN, SHOW DAYS, AND MOVE-OUT (July 12 - 15, 2023) at the Fort Worth Convention Center, Fort Worth, TX.

CONTRACTOR'S  
INSURANCE COMPANY  
ISSUING THIS  
CERTIFICATE

CONTRACTOR'S  
COMPANY NAME,  
SUBSIDIARY NAMES,  
OR D.B.A. NAMES  
AND ADDRESS

POLICY NUMBERS

\* POLICY DATES  
FROM/TO

POLICY NUMBERS

\* POLICY DATES  
FROM/TO

MUST BE  
INCLUDED

ADD NAMES

ACORD CERTIFICATE OF INSURANCE		SET TAB STOPS AT ARROWS ISSUE DATE (MM/DD/YYYY)				
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED		COMPANIES AFFORDING COVERAGE				
		COMPANY LETTER <b>A</b>				
		COMPANY LETTER <b>B</b>				
		COMPANY LETTER <b>C</b>				
		COMPANY LETTER <b>D</b>				
		COMPANY LETTER <b>E</b>				
<b>COVERAGES</b>						
THIS IS TO CERTIFY THAT 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.						
CO LTR	NAME OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS IN THOUSANDS	
					EACH OCCURRENCE	AGGREGATE
<input type="checkbox"/>	<b>GENERAL LIABILITY</b>					
	<input type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY	\$
	<input type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD PRODUCTS/COMPLETED OPERATIONS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> CONTRACTUAL				BI & PD COMBINED	\$
	<input type="checkbox"/> INDEPENDENT CONTRACTORS BROAD FORM PROPERTY DAMAGE PERSONAL INJURY				PERSONAL INJURY	\$
<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>					
	<input type="checkbox"/> ANY AUTO				SOBLY INJURY PER PERSON	\$
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				SOBLY INJURY PER ACCIDENT	\$
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				BI & PD COMBINED	\$
<input type="checkbox"/>	<b>EXCESS LIABILITY</b>					
	<input type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM				BI & PD COMBINED	\$
<input type="checkbox"/>	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY	\$
	<input type="checkbox"/>				(EACH ACCIDENT)	\$
<input type="checkbox"/>	<b>OTHER</b>				(DISEASE-POLICY LIMIT)	\$
	<input type="checkbox"/>				(DISEASE-EACH EMPLOYEE)	\$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS						
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>		
Texas Association of Builders Attn: Sunbelt Builders ShowTM 313 E. 12 <sup>th</sup> Street, Suite 210 Austin, Texas 78701				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		
ACORD 25 (8/84)				© IIR/ACORD CORPORATION 1984		