TITLE: Work County Prem	Approved by: Auditor Civil Legal County Administrator Purchasing Agent	
		Date Approved 6/27/11
Effective Date: 7/22/1/	Commissioner's Court Date Approved:	Page No: 1 of 1

I. PURPOSE

To ensure that the County is properly protected when suppliers work on County premises.

II. SCOPE

This policy applies to all supplier activities.

III. GENERAL

Work on County premises by other than County employees is not to start prior to the suppliers providing proof of Insurance (as approved by County's Civil Legal Dept. — see attached) and attached to the Purchase Order form. Civil Legal Department will verify the insurers listed on the certificate is active in Texas and have a good rating, will also verify this information through Texas Department of Insurance and A.M. Best Ratings and Analysis Center, will verify that the date is current and Cameron County is listed as the certificate holder. Civil legal will e-mail Purchasing Department with the approval or rejection of Insurance prior to Purchase Order processing.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/8/2011

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.

PRODUCER Insurance & Risk Management					CONTACT NAME:						
P.O. Box				•					No): 2	10	
San Antonio, TA					E-MAIL ADDRESS:						
						. less:	SURER(S) AFFO	RDING COVERAGE		NAIC#	
www.worthamsa.com					INSURER A: Hartford Fire Ins Co					10	
INSURED					INSURER B: Sentinel Ins Co Ltd						
Harlingen TX 78550					INSURER C: Hartford Casualty Insurance Co					 	
					INSURER D: The CompPac Trust of Texas					1	
					INSURER E: Federal Ins Co						
					INSURER F:						
COV	/ERAGES CE	RTIFIC	ATI	E NUMBER: 1063				REVISION NUMBER:			
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ł	- TOOOK						,	MED EXP (Any one person)	<u> </u>	1,000,000	
ł								PERSONAL & ADVINJURY	\$		
-		1						GENERAL AGGREGATE	\$	2,000,000	
1	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ✓ PRO- LOC			·				PRODUCTS - COMPIOP AGG	\$	2,000,000	
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-	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
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-) OLAMA-MACE			i				AGGREGATE	\$	5,000,000	
<u> </u>	DED ✓ RETENTION\$10,000								\$		
- 1					i				\$.		
	**								\$		
- 1 <i>1</i>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			0440044		1/1/2011	1/1/2012	✓ WC STATU- TORY LIMITS ER			
16	OFFICERMEMBER EXCLUDED?	N/A	- 1					E.L. EACH ACCIDENT	\$	5,000,000	
- [(Mandatory In NH) f yes, describe under		į			1	-	E.L. DISEASE - EA EMPLOYEE	\$	5,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	5,000,000	
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ESCR	IPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (At	tach A	CORD 101, Additional Remarks S	chedule	if more space is	required)	#220,430 Scriedaled Equ	in incin		
	**					•					
	To delivery and a second of the second of th				,						
ERTIFICATE HOLDER					CANCELLATION						
Project: Building Maintenance - Harlingen Annex											
Cameron County ATTN: Marcello Ibarro 1100 E. Monroe Brownsville TX 78520				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
				ŀ	AUTHORIZED REPRESENTATIVE						

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HARTFORD FIRE INSURANCE COMPANY

Skip over these navigation links.

Show Explanation of Terms

Table of Contents

General Into | Contact Into | Types of Insurance | Use of Credit | Attorney for Bendoe | Butings | Elnandal Into | Premiums | Complaint Bation | Company History | Company Officers

General Information:

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Type of Entity:

Status of TX License:

Active

NAIC Number:

19682

TDI Company Number:

38550

Company Type Code (Old / New):

08/62

FEIN:

060383750

Home Chy/State:

Hartford, CT

Origin:

Foreign

Date Incorporated/Organized:

05/01/1810

Date Licensed/Eligible/Registered in Texas:

01/01/1870

Data Cancelled/Ineligible/Inective:

Company Status:

Normal Operations

Catagory:

FC

Class Code:

Property & Casualty

Contact Information:

Return to top.

Mailing Address:

One Hartford Plaza T 16 85

Hartford CT 06155

Office Number:

(860)547-4497

Toll Free Number:

Fax Number:

(860)547-2633

Types of Insurance Licensed to Write:

Return to top.

- Accident
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- Aircraft Liability
- Allied Coverages
- Auto Liability
- Auto Physical Damage

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