

# CERTIFICATE OF INSURANCE (revised 8-28-02)

City of Shreveport

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE ARE IN FORCE AS LISTED BELOW, SUBJECT TO THE TERMS AND CONDITIONS THEREOF

INSURED:


COMPANIES AFFORDING COVERAGE	A. M. BEST RATING
COMPANY A	
COMPANY B	
COMPANY C	
COMPANY D	
COMPANY E	

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS, OR ALTERS THE COVERAGES AFFORDED BY THE POLICIES SHOWN BELOW, BUT THE COVERAGES SHOWN BELOW MEET THE CITY CONTRACT SPECIFICATIONS EXCEPT AS SPECIFICALLY NOTED.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
		Coverage included for XCU hazards		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Policies endorsed for mandatory 30 day notice provision		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Policy endorsed for Subrogation Waiver		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Policy endorsed to specify the City of Shreveport as an additional insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE UNIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
		Policies endorsed for mandatory 30 day notice provision		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Policy endorsed for Subrogation Waiver		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Policy endorsed to specify the City of Shreveport as an additional insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
		Policies endorsed for mandatory 30 day notice provision		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Policy endorsed for Subrogation Waiver		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Policy endorsed to specify the City of Shreveport as an additional insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
		Policies endorsed for mandatory 30 day notice provision		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Policy endorsed for Subrogation Waiver		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Policy endorsed to specify the City of Shreveport as an additional insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> This Worker's Compensation Policy provides coverage for all members of the insured organization, including an employer, a sole proprietor, a partner or bona fide officer of the organization and all employees.				STATUTORY LIMITS \$ EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
		Policies endorsed for mandatory 30 day notice provision		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Policy endorsed for Subrogation Waiver		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	OTHER				\$ \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

As an authorized representative, I certify that the above fairly represents the policies in force: \_\_\_\_\_ DATE: \_\_\_\_\_

 <p><b>CERTIFICATE HOLDER:</b>                  City of Shreveport                  P. O. Box 31109                  Shreveport, LA 71130</p>	SIGNATURE: _____
	NAME: _____
	MAILING ADDRESS: _____
	CITY/STATE/ZIP: _____
	PHONE: _____

Type of Contract	Commercial Liability/ City Additional Insured	Auto Liability/ City Additional Insured	Worker's Comp	Ratings Required	Garage Keepers Legal Liability	Other
Automobile Maintenance Services Contractors			\$1,000,000	B+VII	\$1,000,000	Garage Liability \$500,000 per occurrence, <b>City Additional Insured</b>
Construction of Any Kind to Pollution Coverage	\$1,000,000 per occurrence, or Aggregate \$2,000,000/ coverage pollution coverage	\$100,000 per person and/or \$300,000 or Combined \$300,000 per occurrence	\$1,000,000	B+VII		Builders Risk if required
Consulting Company Architect, Engineer, Design And/or Construction Consultant	\$1,000,000 per occurrence, or Aggregate \$2,000,000. Consulting Firm-\$1,000,000 per project aggregate applicable <b>With Pollution/Coverage</b>	\$100,000 per person and/or \$300,000 per accident. or \$300,000 per occurrence/	\$1,000,000	B+VII		Professional Liability if required
Demolition Projects	\$500,000 per occurrence or \$500,000 aggregate  <b>Completed Operation includes asbestos removal and/or pollution coverage if necessary</b>	\$100,000 per person or \$300,000 per occurrence or \$300,000 combined per occurrence	\$1,000,000	B+VII		
Festival, Fiesta, Party, Revel, Gathering, Concert Held on City Property	\$1,000,000 per occurrence and \$1,000,000 aggregate/ or \$2,000,000 aggregate otherwise the contractor must provide \$1,000,000 per object aggregate	\$100,000 per person and \$300,000 per occurrence or \$300,000 combined single limit per occurrence	\$1,000,000	B+VII		
Fixed Base Operator Operating from the Shreveport Regional Airport  or  Downtown	Aircrafts larger the (60) seats: \$100,000,000 aggregated per occurrence.  Aircrafts with (60) seats or less \$50,000,000 aggregated per occurrence.  <b>*Personal injury \$25,000,000 per occurrence and in the annual aggregated</b>	\$25,000,000 per occurrence	\$1,000,000	A-X or better		
Grass Cutting , Hay or Landscaping	\$500,000 per occurrence, or \$500,000 aggregate otherwise the contractor must provide \$500,000 aggregate per project	\$100,000 per person - \$300,000 each accident, or \$300,000 per occurrence combined single limit	\$1,000,000	B+VII		
Grass, Weeds, by Spraying or Manual Application of Herbicides or Chemicals	\$1,000,000 per occurrence, or \$2,000,000 aggregate otherwise the contractor must provide \$1,000,000 per project <b>include coverage as required by the standards set forth by the E.P.A &amp; D.E.Q. for pollution control and application</b>	\$1,000,000 per occurrence	\$1,000,000	B+VII		

Type of Contract	Commercial Liability/ City Additional Insured	Auto Liability/ City Additional Insured	Worker's Comp	Ratings Required	Garage Keepers Legal Liability	Other
Housing Rehabilitation	\$1,000,000 per occurrence and \$1,000,000 annual aggregate or \$2,000,000 aggregate otherwise the contractor must provide \$1,000,000 aggregate per project.  <b>Include coverage for asbestos and lead removal and pollution covered</b>	\$100,000 per person and/or \$300,000 per occurrence or \$300,000 combined single per occurrence	\$1,000,000	B+VII		<b>Professional Liability: Project exceeding one million</b> \$1,000,000 per claim in annual aggregate <b>Projects: \$500,000 to one million</b> \$500,000 per claim and annual aggregate  <b>City Additional Insured</b>
Removal of Underground Storage Tanks	\$1,000,000 per occurrence or \$2,000,000 aggregate otherwise the contractor must provide \$1,000,000 aggregate per project	\$100,000 per person and \$300,000 per occurrence or \$300,000 per occurrence combined single limit	\$1,000,000	B+VII		<b>Environmental Impairment-Pollution:</b> \$1,000,000 per occurrence/  <b>City Additional Insured</b>
Securing, Boarding or Other Enclosure of Structures	\$300,000 per occurrence or \$600,000 aggregate	\$100,000 per person and \$300,000 per occurrence or \$300,000 per occurrence combined single limit	\$1,000,000	B+VII		
Social Services Agency Which Do Not Involve Construction Activities, Design Services or Any Services of That Type	\$1,000,000 per occurrence and \$1,000,000 annual aggregate/ or \$2,000,000 aggregate otherwise the contractor must provide \$1,000,000 aggregate per project	\$100,000 per person and \$300,000 per accident or \$300,000 combined single limit per occurrence	\$1,000,000	B+VII		<b>Fidelity Bond:</b> All employees handling funds received or disbursed shall be covered by a Fidelity Bond of 25% of all funds provided