

## 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 5, 2024.**

\* NOTE: ALL DATES MUST INCLUDE COVERAGE DURING MOVE-IN, SHOW DAYS, AND MOVE-OUT (July 9 - 13, 2024) at the Fort Worth Convention Center, Fort Worth, TX.

**ADD NAMES**

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

ACORD CERTIFICATE OF INSURANCE					SET TABS 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	A			
			COMPANY LETTER	B			
			COMPANY LETTER	C			
			COMPANY LETTER	D			
			COMPANY LETTER	E			
<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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
GENERAL LIABILITY	COMPREHENSIVE FORM				BODILY INJURY	\$	\$
	PREMISES/OPERATIONS				PROPERTY DAMAGE	\$	\$
	UNDERGROUND				BI & PD COMBINED	\$	\$
	EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$	
	PRODUCTS/COMPLETED OPERATIONS						
CONTRACTUAL	INDEPENDENT CONTRACTORS				SOB - BODILY INJURY PER PERSON	\$	
	BROAD FORM PROPERTY DAMAGE				SOB - BODILY INJURY PER ACCIDENT	\$	
	PERSONAL INJURY				PROPERTY DAMAGE	\$	
					BI & PD COMBINED	\$	
AUTOMOBILE LIABILITY	ANY AUTO						
	ALL OWNED AUTOS (PRIV. PASS.)						
	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)						
	HIRED AUTOS						
	NON-OWNED AUTOS						
	GARAGE LIABILITY						
EXCESS LIABILITY	UMBRELLA FORM				BI & PD COMBINED	\$	\$
	OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION				STATUTORY		
	AND				\$	(EACH ACCIDENT)	
	EMPLOYERS' LIABILITY				\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	OTHER						
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			
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