



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/04/2015

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).

PRODUCER AGENT'S NAME AND ADDRESS AND PHONE NUMBER	CONTACT NAME:	FAX (A/C, No):		
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:		
INSURED INSURED'S NAME AND ADDRESS	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A :FOR THOSE CARRIERS WHOM ARE PROVIDING COVERS			E
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			

COVERAGES **CERTIFICATE NUMBER: 8P4QLD7X** **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	POLICYNUMBER	POLICY EFF (MM/DD/YYYY) INCEPTION	POLICY EXP (MM/DD/YYYY) EXPIRATION	LIMITS	
	GENERAL LIABILITY			POLICY NUMBER			EACH OCCURRENCE	\$ 1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	CLAIMS-MADE		X OCCUR				MED EXP (Any one person)	\$ 5,000
X	CONTRACTUAL INCL.						PERSONAL & ADV INJURY	\$ 1,000,000
X	XCU & PROD/COMP OPS						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY	X	PROJECT					\$
	AUTOMOBILE LIABILITY			POLICY NUMBER			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
X	ANY AUTO						BODILY INJURY (Per person)	\$
X	ALL OWNED AUTOS		X	SCHEDULE D AUTOS NON-OWNED AUTOS			BODILY INJURY (Per accident)	\$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
X	UMBRELLA LIAB		X	POLICY NUMBER			EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB						AGGREGATE	\$ 1,000,000
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			POLICY NUMBER			X WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
								\$
								\$
								\$
								\$
								\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REFERENCE: JOB # AND JOB NAME

SEE ATTACHED FOR VERBIAGE

CERTIFICATE HOLDER

Tribble & Stephens Construction, Ltd.
580 Westlake Park Blvd Suite 1500
Houston, Texas 77079

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ATTACHMENT "C"
Page 3 of 4

VERBIAGE FOR SUBCONTRACTOR INSURANCE

RE: Job # and Job Name:

WAIVER OF SUBROGATION IS ADDED TO ALL APPLICABLE POLICIES, IN FAVOR OF **TRIBBLE & STEPHENS CONSTRUCTION LTD. AND (OWNER)**. ALL APPLICABLE POLICIES, EXCEPT WORKERS COMPENSATION, INCLUDE **TRIBBLE & STEPHENS CONSTRUCTION LTD. AND (OWNER)** AS ADDITIONAL INSURED. THESE COVERAGES ARE PRIMARY AND NON-CONTRIBUTORY TO THOSE PROVIDED BY OWNER AND/OR CONTRACTOR.

PROFESSIONAL LIABILITY

IF **TRIBBLE & STEPHENS CONSTRUCTION LTD.** REQUIRES PROFESSIONAL LIABILITY COVERAGE, **TRIBBLE & STEPHENS CONSTRUCTION LTD.** WILL NOT BE LISTED AS AN ADDITIONAL INSURED AND WILL NOT REQUIRE A WAIVER OF SUBROGATION ON THE PROFESSIONAL LIABILITY POLICY.

CANCELLATION NOTICE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ON PAGE 1, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ALL ENDORSEMENTS MUST BE PROVIDED/INCLUDED

AUTHORIZED INSURANCE REPRESENTATIVE

ATTACHMENT "C"

Page 4 of 4

All Subcontractors must inform Tribble & Stephens Construction, Ltd. if any of its employees are leased or if the Subcontractor is a co-employer. The Subcontractor must disclose the name, address and insurance policy of the employee leasing company before the contract is signed. Tribble & Stephens Construction, Ltd. must review the insurance coverage or any required documentation for appropriate bonding prior to signing a contract. All leased employees are required to provide Certificates of Insurance that include an Alternate Employer Endorsement and Worker's Compensation Insurance Coverage for the Applicable State they are performing work for Tribble & Stephens Construction, Ltd.

All Subcontractors who are subcontracting a portion of their work to another company must have Tribble & Stephens Construction, Ltd. named as an "Additional Insured" on all applicable policies except Workers' Compensation along with a Waiver of Subrogation on all applicable policies in favor of Tribble & Stephens Construction, Ltd. A Certificate of Insurance must be forwarded to Tribble & Stephens Construction, Ltd. with the above referenced language.

If anyone working for your company is issued a 1099, Tribble & Stephens Construction, Ltd. MUST be informed before this contract is signed.

ALL ENDORSEMENTS MUST BE PROVIDED/INCLUDED