

DFW ROCIP Sample Certificate of Insurance

Please return your Certificate of Insurance with all of the following endorsements attached:

1. General Liability Additional Insured Endorsement
2. General Liability Waiver of Subrogation
3. Automobile Liability Additional Insured Endorsement
4. Automobile Liability Waiver of Subrogation
5. Workers' Compensation Waiver of Subrogation

The below language can appear in the DESCRIPTION OF OPERATIONS section of the certificate of insurance you provide as part of your DFW ROCIP Enrollment however the actual endorsements will still be required:

Dallas Fort Worth International Airport BOARD, et al* are listed as an additional insured on all applicable policies listed on this certificate. A waiver of subrogation is extended to Dallas Fort Worth International Airport BOARD, et al* on all applicable policies listed on this certificate. Excess/Umbrella coverage listed sits above and follows form the Automobile Liability policy listed on this certificate. Insurance is primary and will not seek contribution from any insurance held by the additional insureds. *Dallas Fort Worth International Airport BOARD, et al consists of the following: Board of Directors of the Dallas Fort Worth International Airport, the cities of Dallas and Fort Worth, Texas, their respective officers, directors, agents, employees, volunteers and designated and/or authorized representatives and subsidiary agencies. WC Coverage includes the State of Texas. Thirty Day Notice in favor of Certificate Holder is endorsed on all policies.

DFW ROCIP Sample Certificate of Insurance – No AOA Access

<h2 style="margin: 0;">CERTIFICATE OF LIABILITY INSURANCE</h2>	DATE (MM/DD/YYYY)
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	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Contractor Name Contractor Address	INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : AM BEST RATING A- or Better INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	Y	Y				EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGES TO RENTED PREMISES(Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
							PRODUCTS-COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY	Y	Y				COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY(Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY(Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y	Y				EACH OCCURRENCE	\$5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y				<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below							
							E.L. EACH ACCIDENT	\$500,000
							E.L. DISEASE – EA EMPLOYEE	\$500,000
							E.L. DISEASE – POLICY LIMIT	\$500,000
	OTHER							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Dallas Fort Worth International Airport ROCIP

CERTIFICATE HOLDER Dallas Fort Worth International Airport ROCIP Administrator P.O. Box 612008 Trailer A-6 DFW Airport, TX 75261-2008	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
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