



**INSURANCE REQUIREMENT AFFIDAVIT**

**To Be Completed By Insurance Agent/Broker And Bidder/Proposer**

**I, the undersigned Agent/Broker, reviewed the insurance requirement contained in this bid/proposal document. If the Bidder/Proposer shown below is awarded this contract by DHA, I will be able to, within fifteen (15) days of notification of such award, furnish a valid insurance certificate to DHA meeting all of the insurance requirements in this bid/proposal.**

**Insurance Coverages Reviewed:** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:(\_\_\_\_\_) \_\_\_\_\_ FAX No.:(\_\_\_\_\_) \_\_\_\_\_**

**Bidder's/Proposer's Name and Company:** \_\_\_\_\_

**Project/Bid No. and Title:** \_\_\_\_\_

**Insurance Agent/Broker Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

.....  
**By submitting a bid/proposal and signing below I affirm the following: I am aware of all costs to provide the required insurance, will do so pending contract award, and will provide a valid insurance certificate meeting all requirements within fifteen (15) days of notification of award.**

**If the above fifteen (15) day requirement is not met, DHA has the right to reject this bid/proposal and award the contract to the next lowest bidder meeting specifications or to the next highest rated proposer. If you have any questions concerning these requirements, please contact Mr. Syed Raza, Director of General Services, at 214-951-8452.**

**Bidder's/Proposer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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 INSURANCE AGENCY STREET ADDRESS CITY, STATE, ZIP CODE	Phone #	CONTACT NAME PHONE E-MAIL PRODUCER	FAX
INSURED NAMED INSURED STREET ADDRESS CITY, STSTE, ZIP CODE Phone #		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER-A: INSURANCE COMPANY	0001
		INSURER-B: INSURANCE COMPANY	0001
		INSURER-C: INSURANCE COMPANY	0001
		INSURER-D:	

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

INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	policy number	begins	ends	EACH OCCURRENCE	\$ 1,000,000
	X	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 1,000,000
B	X	<b>AUTOMOBILE LIABILITY</b>	policy number	begins	ends	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO				BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	X	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	X	HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
	X	NON-OWNED AUTOS				EACH OCCURRENCE	\$
B		<b>EXCESS/UMBRELLA LIABILITY</b>				AGGREGATE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				DEDUCTIBLE	\$
		RETENTION \$					\$
C		<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? IF YES, DESCRIBE UNDER SPECIAL PROVISIONS BELOW	policy number	begins	Ends	WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
D		<b>OTHER</b> Professional Liability (applies to Professional Services)	policy number	begins	Ends	per occurrence	\$ 1,000,000
						aggregate	\$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
As required by the written contract DHA, its commissioners, officers, directors, employees, and volunteers are included as additional insured under the General Liability and Auto Liability policies. The captioned policies are written on a primary and non-contributory basis. Waiver of subrogation in favor of DHA applies regarding the General Liability, Auto Liability and Workers Compensation policies. Coverage shall not be suspended, voided, canceled, non-renewed or reduced in coverage or in limits except after thirty (30) days prior written notice to DHA.

<b>CERTIFICATE HOLDER</b> DHA Attn. Syed Raza 3939 North Hampton Road Dallas, Texas 75212	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE TO THE CERTIFICATE HOLDER WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE SIGNATURE
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