

# **City of Rockwall**

## **Insurance Requirements**

### **Professional Services**

#### **Minimum Requirements:**

Vendors performing work for the City and on City property or public right-of-way shall provide the City a certificate of insurance evidencing the coverages and coverage provisions identified herein. Contractors shall provide the City evidence that all subcontractors performing work on the project have the same types and amounts of coverages as required herein or that the subcontractors are included under the contractor's policy. The City, at its own discretion, may require a certified copy of the policy.

**All insurance companies and coverages must be authorized by the Texas Department of Insurance to transact business in the State of Texas and must be acceptable to the City of Rockwall.**

Listed below are the types and amounts of insurance required. The City reserves the right to amend or require additional types and amounts of coverages or provisions depending on the nature of the work.

<b>Type of Insurance</b>	<b>Amount of Insurance</b>	<b>Provisions</b>
Consultants, architects, engineers, landscape design specialists, other professional services	\$1 million Professional Liability with proof that aggregate is still available.	

Questions regarding this insurance should be directed to the City of Rockwall Purchasing Department (972) 772-6418.

The City has the right to require additional coverages and limits commensurate with the nature of the work performed.

## **City of Rockwall Insurance Requirements**

### **Minimum Requirements:**

Contractors performing work on City property or public right-of-way for the City of Rockwall shall provide the City a certificate of insurance evidencing the coverages and coverage provisions identified herein. Contractors shall provide the City evidence that all subcontractors performing work on the project have the same types and amounts of coverages as required herein or that the subcontractors are included under the contractor's policy. The City, at its own discretion, may require a certified copy of the policy.

**All insurance companies and coverages must be authorized by the Texas Department of Insurance to transact business in the State of Texas and must be acceptable to the City of Rockwall.**

Listed below are the types and amounts of insurance required. The City reserves the right to amend or require additional types and amounts of coverages or provisions depending on the nature of the work.

<b>Type of Insurance</b>	<b>Amount of Insurance</b>	<b>Provisions</b>
1. Commercial General (Public) Liability to include coverage for: a) Premises/Operations b) Products/Completed Operations c) Independent Contractors d) Personal Injury e) Contractual Liability	\$500,000 each occurrence, \$1,000,000 general aggregate;  Or  \$1,000,000 combined single limits	City to be listed as additional insured and provided 30-day notice of cancellation or material change in coverage.  City prefers that insurer be rated B+VI or higher by A.M. Best or A or higher by Standard & Poors
1. Business Auto Liability	As required by State of Texas	
Workers' Compensation & Employers' Liability	Statutory Limits \$100,000 each accident	City to be provided a waiver of subrogation

Questions regarding this insurance should be directed to the City of Rockwall Purchasing Department at (972) 772-6418. The City has the right to require additional coverages and limits commensurate with the nature of the work performed.

***A PURCHASE ORDER WILL NOT BE ISSUED WITHOUT EVIDENCE OF NSURANCE.***

**INSURANCE REQUIREMENT AFFIDAVIT**  
(SUPPLEMENTAL INFORMATION)

(To be completed by appropriate Insurance Agent)

I, the undersigned agent, certify that the insurance requirements contained in this proposal document have been reviewed by me with the below identified vendor. If the below identified vendor is awarded this contract by the City of Rockwall, I will be able, within ten (10) working days after being notified of such potential award, to furnish a valid insurance certificate to the City meeting all of the requirements contained in this proposal.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Agent's Name Printed

\_\_\_\_\_  
Name of Insurance Carrier

\_\_\_\_\_  
Address of Agency

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone number where Agent may be contacted

\_\_\_\_\_  
Vendor's Name (please print or type)

SUBSCRIBED AND SWORN to before me by the above named \_\_\_\_\_  
on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_.

**NOTE TO AGENT:**

**IF THIS TIME REQUIREMENT IS NOT MET, THE CITY HAS THE RIGHT TO DECLARE THIS VENDOR NON-RESPONSIVE AND AWARD THE CONTRACT TO THE NEXT LOWEST PROPOSER MEETING THE SPECIFICATIONS. IF YOU HAVE ANY QUESTIONS CONCERNING THESE REQUIREMENTS, PLEASE CONTACT THE CITY OF ROCKWALL PURCHASING OFFICE AT 972-772-6418.**