

VENDOR FORM: INSURANCE VERIFICATION INSTRUCTIONS

Risk Management

The vendor must include the following documents along with their proposal. Failure to include these documents may result in the vendor being considered non-responsive for this project.

1. **Insurance Verification Form by Insurance Broker or Agent** – This form is utilized by Region 4 ESC to verify the current legitimacy of the insurance policies submitted. Vendors are **REQUIRED** to submit this signed form along with their proposal.

2. **Certificate of Insurance (ACORD Form) OR Letter from Vendor's Insurance Broker or Agent** (See explanation and details below)
 - A. **Certificate of Insurance (ACORD Form)** – Standard form utilized throughout the insurance industry, available through the vendor's insurance agency. This document is **REQUIRED** along with your submission **UNLESS** the vendor chooses to submit option B below. Vendor's choosing option A that are awarded this project will then have three (3) business days to provide a valid Certificate of Insurance (ACORD Form) to Region 4 ESC upon notification of award.

 - B. **Letter from Vendor's Insurance Broker or Agent** – In lieu of submitting option A listed above, the Region 4 ESC will accept a letter from the vendor's insurance broker/agent stating the vendor can provide the levels of insurance specified in this project upon award. To be considered valid, this letter must be on the appropriate broker/agent letterhead and certify that the vendor will be able to provide a Certificate of Insurance (ACORD Form) confirming the coverages indicated within three (3) business days from notification of award. Further requirements are detailed on the sample letter provided.

VENDOR FORM: INSURANCE VERIFICATION FORM BY BROKER OR AGENT
Risk Management

Project Name: Professional Development Services

Project Number: R42026-03

Insured Name: _____

Choose one option and check the applicable box:

- ☐ The undersigned insurance broker or agent represents to Region 4 ESC that the attached Certificate of Insurance ACORD Form is accurate in all material respects. Option A
- ☐ The undersigned insurance broker or agent represents to Region 4 ESC that the attached Letter from Insurance Broker or Agent is accurate in all material respects. Option B

Name of Broker or Agent (Print)

Address of Broker or Agent (Print)

Email Address of Broker or Agent (Print)

Phone Number of Broker or Agent (Print)

Name and Title of Broker or Agent (Print)

Signature of Authorized Broker or Agent Date

Signature of Proposer Date



CERTIFICATE OF LIABILITY INSURANCE

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:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED	INSURER A:	
	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/YYYY)	LIMITS
	GENERAL LIABILITY						
	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE	X		XXXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$1,000,000
	POLICY						PRODUCTS/COMP/OP AGG \$
	PROJECT						
	LOC						
	AUTOMOBILE LIABILITY						
X	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	SCHEDULED AUTOS	X	X	XXXXX	XX/XX/XX	XX/XX/XX	BODILY INJURY (Per accident) \$
X	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
X	NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE \$						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N					X WC STATUTORY LIMITS OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N					E.L. EACH ACCIDENT \$100,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	XXXXX	XX/XX/XX	XX/XX/XX	E.L. DISEASE - EA EMPLOYEE \$100,000
							E.L. DISEASE - POLICY LIMIT \$100,000
							PER INCIDENT \$
							AGGREGATE \$

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

Certificate Holder Region 4 Education Service Center is named as Additional Insured on the Automobile and Commercial General Liability policy. Region 4 Education Service Center is named as an Alternate Employer on the Workers' Compensation policy. A Waiver of Subrogation shall apply in favor of Region 4 Education Service Center on the Workers Compensation, Automobile and General Liability policies.

Enter the name of the bid and assigned bid project number as well.

CERTIFICATE HOLDER**CANCELLATION**

Region 4 Education Service Center
7145 West Tidwell Rd
Houston, TX 77092

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE GENERAL TERMS AND CONDITIONS IN THE PROJECT SOLICITATION.

AUTHORIZED REPRESENTATIVE

SAMPLE LETTER FROM INSURANCE BROKER OR AGENT
Risk Management

SAMPLE INSURANCE
AGENCY 123 Main Street
Anytown, Texas 77777
Telephone: 888-555-1111

Date:

Region 4 Education Service Center

RE: Project Name and Project Number
Vendor's Name

The above certifies vendor will be able to provide an ACORD Certificate of Insurance confirming to coverage indicated below within three days from intent to award. All coverages would be placed with carriers rated A- or better and licensed to do business in the State of Texas. I have marked the applicable box for each section.

X	COVERAGES	LIMITS
WORKERS' COMPENSATION SECTION		
<input checked="" type="checkbox"/>	Workers' Compensation Employers' Liability Waiver of Subrogation and Alternate Employer provisions in favor of Region 4.	Statutory \$100,000 per Accident
<input checked="" type="checkbox"/>	Supplier has employees, but none in the State of Texas Worker's Compensation Employer's Liability Waiver of Subrogation in favor of Region 4	Statutory \$100,000 per Accident
<input type="checkbox"/>	Supplier has no Employees Workers' Compensation does not apply	Not Applicable
AUTOMOBILE LIABILITY SECTION		
<input checked="" type="checkbox"/>	Automobile Liability covering All Owned, Hired & Non-Owned Autos, Including Additional Insured and Waiver of Subrogation in favor of Region 4.	\$1,000,000 CSL
<input checked="" type="checkbox"/>	Supplier owns no vehicles in the company name— Automobile Liability covering Hired & Non-Owned Autos, Including Additional Insured and Waiver of Subrogation in favor of Region 4.	\$1,000,000 CSL
COMMERICAL GENERAL LIABILITY SECTION		
<input checked="" type="checkbox"/>	Commercial General Liability, including Additional Insured and Waiver of Subrogation in favor of Region 4.	\$1,000,000 per Occurrence

Broker or Agent Signature

Date