



# City of Pearland

3519 Liberty Drive  
Pearland, TX 77581

**Purchasing Department**  
281.652.1790  
Fax 281.652.1738

## Contractor Insurance Requirements & Agreement

### Requirements

Contractors performing work on City property or public right-of-way for the City of Pearland shall provide the City a certificate of insurance or a copy of their insurance policy(s) 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.

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 Pearland.

Listed below are the types and amounts of insurances 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.

	TYPE OF INSURANCE	AMOUNT OF INSURANCE	PROVISIONS
1.	Workers' Compensation Employers' Liability	Statutory Limits \$100,000 per occurrence	City to be provided a <b>waiver of subrogation</b> and 30 day notice of cancellation or material change in coverage.
2.	Commercial General (Public) Liability to include coverage for: a) Premises/Operations b) Products/Completed Operations c) Independent Contractors d) Personal Injury e) Contractual Liability	Personal Injury - \$1,000,000 per person; Property Damage - \$1,000,000 per occurrence ; General Aggregate - \$1,000,000	City to be listed as <b>Additional Insured on Contractor's policy</b> and provided <b>30</b> day notice of cancellation or material change in coverage.
3.	Business Auto Liability to include coverage for: a) Owned/Leased vehicles b) Non-owned vehicles c) Hired vehicles	Combined Single Limit - \$1,000,000	City shall be provided 30 day notice of cancellation or material change in coverage.

Certificate of Insurance forms may be **emailed** to: Purchasing Department at [ebids@pearlandtx.gov](mailto:ebids@pearlandtx.gov). Questions regarding required insurance should be directed to Bob Pearce, City of Pearland Purchasing Officer, at [bpearce@pearlandtx.gov](mailto:bpearce@pearlandtx.gov).

This form must be signed and returned with your quotation. You are stating that you do have the required insurance and if selected to perform work for the City, will provide a certificate of insurance, and a copy of insurance policy with the above requirements to the City. **A purchase order will not be issued without evidence of required insurance.**

### Agreement

I agree to provide the above described insurance coverages within 10 working days if selected to perform work for the City of Pearland. I also agree to provide the City evidence of insurance coverage on any and all subcontractors performing work on the project.

**Project/Bid #** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_