

DAVACO must have a current certificate of insurance on file in order for your company to start work or get paid.

DAVACO's insurance requirements are as follows. A sample certificate of insurance is attached.

**Commercial General Liability**

- Each Occurrence \$1,000,000
- Fire/Damage to Rented Premises \$50,000
- Medical \$5,000
- Advertising & Personal Injury \$1,000,000
- General Aggregate \$2,000,000
- Products \$2,000,000
- DAVACO, Inc. and its owner, parent, affiliates and subsidiaries are named as Additional Insureds with a Waiver of Subrogation in favor of DAVACO, Inc. and its owner, parent, affiliates and subsidiaries
- Primary and Non-Contributory

**Automobile Liability**

- Combined Limit \$1,000,000
- DAVACO, Inc. and its owner, parent, affiliates and subsidiaries are named as Additional Insureds with a Waiver of Subrogation in favor of DAVACO, Inc. and its owner, parent, affiliates and subsidiaries
- Primary and Non-Contributory

**Excess/Umbrella Coverage**

- For purchase orders less than \$25,000 \$1,000,000
- For purchase orders more than \$25,000 \$5,000,000
- DAVACO, Inc. and its owner, parent, affiliates and subsidiaries are named as Additional Insureds with a Waiver of Subrogation in favor of DAVACO, Inc. and its owner, parent, affiliates and subsidiaries
- Primary and Non-Contributory

**Workers Compensation/Employer's Liability**

- Each Accident \$500,000
- Disease (Each Employee) \$500,000
- Disease (Policy Limit) \$500,000
- DAVACO, Inc. and its owner, parent, affiliates and subsidiaries are named as Additional Insureds with a Waiver of Subrogation in favor of DAVACO, Inc. and its owner, parent, affiliates and subsidiaries

If you or your insurance agent have questions, please contact DAVACO at (214) 373-4700.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Today's Date

PRODUCER Name of Insurance Agent / Broker	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Name of Subcontractor or Vendor	INSURER A:	Subcontractor or Vendor's Insurance Co. Name
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**  
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Insurance Policy #	Make sure the policy has not expired	Make sure the policy has not expired	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000																
		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Insurance Policy #	Make sure the policy has not expired	Make sure the policy has not expired	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																
		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$	Insurance Policy #	Make sure the policy has not expired	Make sure the policy has not expired	EACH OCCURRENCE \$X,000,000 AGGREGATE \$X,000,000 \$5,000,000 for po's over \$25,000 \$1,000,000 for po's under \$25,000																
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Insurance Policy #	Make sure the policy has not expired	Make sure the policy has not expired	<table border="1"> <tr> <td></td> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> <td></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$500,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$500,000</td> </tr> <tr> <td></td> <td>DISEASE - POLICY LIMIT</td> <td></td> <td>\$500,000</td> </tr> </table>		WC STATUTORY LIMITS	OTHER			E.L. EACH ACCIDENT		\$500,000		E.L. DISEASE - EA EMPLOYEE		\$500,000		DISEASE - POLICY LIMIT		\$500,000
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		<b>OTHER</b>																				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Davaco, Inc. and its owners, parent, subsidiaries and affiliates (Davaco) are additional insureds as to the general liability, auto and umbrella policies. A waiver of subrogation exists in Davaco's favor as to the general liability, auto, umbrella and workers compensation policies. The general liability, auto and umbrella policies are primary and non-contributory. Davaco is an alternate employer or co-employer as to the workers compensation policy.

<b>CERTIFICATE HOLDER</b>  Davaco, Inc. 6688 N. Central Expwy #100 Dallas, Texas 75206 Attn: Regina Taylor	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.