

**PORT OF CORPUS CHRISTI AUTHORITY
CERTIFICATE OF INSURANCE**

This is to certify that policies (including endorsements) of insurance, as described below, have been issued by the undersigned to the insured, named below, and are in force at this time. If canceled at the request of either party or changed in any manner for any reason during the period of coverage, as stated herein, so as to affect this certificate, thirty (30) days prior written notice must be given by the insurance company(ies) to the Port of Corpus Christi Authority, Attention: Frank C. Brogan, P.E., R.P.L.S., Deputy Port Director of Engineering, Finance and Administration, P. O. Box 1541, Corpus Christi, Texas 78403. 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.

Name, Address & Phone of Insured:		Indicate Individual, Partnership, Co-Partnership, Corporation, Limited Partnership, etc.	
Worker's Compensation <i>(In accordance with the Worker's Compensation Laws of the State of Texas)</i>			
Policy No.:			
Dates of Policy Coverage:		From:	To:
Limits of Liability:			
A. Worker's Compensation		Statutory	
B. Employer's Liability		\$ _____	
U.S. Longshoremen's Harbor Workers Yes _____ No _____		Maritime Coverage Yes _____ No _____	
Waiver of Subrogationm <i>(Required)</i> : Yes _____ No _____		Alternate Employer Endorsement <i>(Required)</i> : Yes _____ No _____	
Name, Address & Pnone of Insurer:			
Indicate A.M. Best's Current Rating:			
By: <i>(An Authorized Representative)</i>		Date:	
Commercial General Liability			
Policy No.:		Policy Type:	
Dates of Policy Coverage:		From:	To:
Limits of Liability:		Endorsements	
<i>Policy must include contractual liability.</i>			
Waiver of Subrogation <i>(Required)</i> : Yes _____ No _____		Additional Insured <i>(Required)</i> : Yes _____ No _____	
Name, Address & Pnone of Insurer:			
Indicate A.M. Best's Current Rating:			
By: <i>(An Authorized Representative)</i>		Date:	

Business Automobile Liability	
Policy No.:	Policy Type:
Dates of Policy Coverage:	From: _____ To: _____
Limits of Liability:	Endorsements
Waiver of Subrogation <i>(Required)</i> : Yes _____ No _____	Additional Insured <i>(Required)</i> : Yes _____ No _____
Name, Address & Phone of Insurer:	
Indicate A.M. Best's Current Rating:	
By: <i>(An Authorized Representative)</i>	Date:
Umbrella Coverage	
Policy No.:	Policy Type:
Dates of Policy Coverage:	From: _____ To: _____
Limits of Liability:	Endorsements
Waiver of Subrogation <i>(Required)</i> : Yes _____ No _____	Additional Insured <i>(Required)</i> : Yes _____ No _____
Name, Address & Phone of Insurer:	
Indicate A.M. Best's Current Rating:	
By: <i>(An Authorized Representative)</i>	Date: