**CERTIFICATE OF LIABILITY INSURANCE**

**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**

ABC Insurance Brokerage  
1234 Frisco Square Blvd.  
Frisco, Texas 75034

**INSURED**

- **Contact Name:** Your Company Name Here  
- **Address of Insured:** Address of Insured

**COVERAGES**

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL LIABILITY</td>
<td></td>
</tr>
<tr>
<td>COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

**COVERAGE**

- **AUTO:** Any Auto, All Owned Autos, Scheduled Autos, Non-Owned Autos
- **UMBRELLA LIAB:** Occur, Claims-Made
- **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY:** N/A

**DESCRIPTION OF OPERATIONS LOCATIONS VEHICLES:** (Attach ACORD 101. Additional Remarke Schedule, if more space is required)

The City of Frisco, its officers, agents, representatives, and employees as additional insured as to all applicable coverage with the exception of workers' compensation. Provide a waiver of subrogation against the City for injuries, including death, property damage, or any other loss to the extent the same is covered by the proceeds of insurance.

**CERTIFICATE HOLDERS**

- **City of Frisco:** Frisco Community Development Corporation  
  - **Address:** 6101 Frisco Blvd  
  - **City:** Frisco, TX 75034

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

**SIGNATURE HERE**

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