

## Sample Certificate of Insurance

An **original** certificate of insurance which conforms to the standards indicated below must be submitted by all exhibitors requesting approval for an EAC. **Original Forms need to be mailed to: Texas Association of Builders, ATTN: Tamara Zengerle 313 East 12<sup>th</sup> Street, Ste. 210 Austin, TX 78701 by Wednesday, June 25, 2025.**

\* NOTE: ALL DATES MUST INCLUDE COVERAGE DURING MOVE-IN, SHOW DAYS, AND MOVE-OUT (July 27 - 31, 2025) at the Gaylord Texan Resort & Convention Center, Grapevine, TX.

CONTRACTOR'S  
INSURANCE COMPANY  
ISSUING THIS  
CERTIFICATE

CONTRACTOR'S  
COMPANY NAME,  
SUBSIDIARY NAMES,  
OR D.B.A. NAMES  
AND ADDRESS

POLICY NUMBERS

\* POLICY DATES  
FROM/TO

POLICY NUMBERS

\* POLICY DATES  
FROM/TO

MUST BE  
INCLUDED

**ADD NAMES**

SET TAB STOPS AT ARROWS  
ISSUE DATE (MM/DD/YYYY)

### CERTIFICATE OF INSURANCE

PRODUCER

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INSURED

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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.

| COMPANIES AFFORDING COVERAGE |          |
|------------------------------|----------|
| COMPANY LETTER               | <b>A</b> |
| COMPANY LETTER               | <b>B</b> |
| COMPANY LETTER               | <b>C</b> |
| COMPANY LETTER               | <b>D</b> |
| COMPANY LETTER               | <b>E</b> |

**COVERAGES**

THIS IS TO CERTIFY THAT 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.

| CO<br>LTR   | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY) | POLICY EXPIRATION<br>DATE (MM/DD/YYYY) | LIABILITY LIMITS IN THOUSANDS |                         |    |                            |    |  |
|---|-------------------|---------------|---------------------------------------|--|-------------------------------|-------------------------|----|----------------------------|----|--|
|   |                   |               |                                       |  | EACH<br>OCCURRENCE            | AGGREGATE               |    |                            |    |  |
| <b>GENERAL LIABILITY</b>  |                   |               |                                       |  | BODILY INJURY                 | \$                      | \$ |                            |    |  |
| <input type="checkbox"/> COMPREHENSIVE FORM                       |                   |               |                                       |  | PROPERTY DAMAGE               | \$                      | \$ |                            |    |  |
| <input type="checkbox"/> PREMISES/OPERATIONS                      |                   |               |                                       |  | B & PD COMBINED               | \$                      | \$ |                            |    |  |
| <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD  |                   |               |                                       |  | PERSONAL INJURY \$            |                         |    |                            |    |  |
| <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS            |                   |               |                                       |  |                               |                         |    |                            |    |  |
| <b>CONTRACTUAL</b>  |                   |               |                                       |  | PERSONAL INJURY \$            |                         |    |                            |    |  |
| <input type="checkbox"/> INDEPENDENT CONTRACTORS                  |                   |               |                                       |  |                               |                         |    |                            |    |  |
| <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE               |                   |               |                                       |  |                               |                         |    |                            |    |  |
| <input type="checkbox"/> PERSONAL INJURY                          |                   |               |                                       |  | PERSONAL INJURY \$            |                         |    |                            |    |  |
| <b>AUTOMOBILE LIABILITY</b>                                       |                   |               |                                       |  |                               |                         |    |                            |    |  |
| <input type="checkbox"/> ANY AUTO                                 |                   |               |                                       |  |                               |                         |    | 90%<br>NUP<br>PER PERSON   | \$ |  |
| <input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)            |                   |               |                                       |  |                               |                         |    | 90%<br>NUP<br>PER ACCIDENT | \$ |  |
| <input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.) |                   |               |                                       |  | PROPERTY DAMAGE               | \$                      |    |                            |    |  |
| <input type="checkbox"/> HIRED AUTOS                              |                   |               |                                       |  | BI & PD COMBINED              | \$                      |    |                            |    |  |
| <input type="checkbox"/> NON-OWNED AUTOS                          |                   |               |                                       |  | BI & PD COMBINED              | \$                      |    |                            |    |  |
| <input type="checkbox"/> GARAGE LIABILITY                         |                   |               |                                       |  | BI & PD COMBINED              | \$                      |    |                            |    |  |
| <b>EXCESS LIABILITY</b>   |                   |               |                                       |  | BI & PD COMBINED              | \$                      | \$ |                            |    |  |
| <input type="checkbox"/> UMBRELLA FORM                            |                   |               |                                       |  | STATUTORY                     |                         |    |                            |    |  |
| <input type="checkbox"/> OTHER THAN UMBRELLA FORM                 |                   |               |                                       |  |                               |                         |    |                            |    |  |
| <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>             |                   |               |                                       |  | \$                            | (EACH ACCIDENT)         |    |                            |    |  |
| <input type="checkbox"/>  |                   |               |                                       |  | \$                            | (DISEASE POLICY LIMIT)  |    |                            |    |  |
| <input type="checkbox"/>  |                   |               |                                       |  | \$                            | (DISEASE-EACH EMPLOYEE) |    |                            |    |  |
| <b>OTHER</b>  |                   |               |                                       |  |                               |                         |    |                            |    |  |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Texas Association of Builders and Its Members, Employees, Agents and Contracted Venders are included as Additional Insured on the General Liability Policy, if required by written contract or agreement, subject to the policy terms and conditions.

**CERTIFICATE HOLDER**

Texas Association of Builders  
Attn: Sunbelt Builders Show™  
313 E. 12<sup>th</sup> Street, Suite 210  
Austin, Texas 78701

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE \_\_\_\_\_

ACORD 25 (8/84)
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