

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Name of Insurance Agent / Broker	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Name of Subcontractor of Vendor	INSURER(S) AFFORDING COVERAGE	
	Subcontractor or Vendor's Insurance Co. Name	
	NAIC #	
	INSURER A:	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

SAMPLE

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC			Policy #	XXXXXX	XXXXXX	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 - COM/POP AGG \$ 2,000,000 \$								
	AUTOMOBILE LIABILITY <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			Policy #	XXXXXX	XXXXXX	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Policy #	XXXXXX	XXXXXX	EACH OCCURRENCE \$ X,000,000 AGGREGATE \$ X,000,000 \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Policy #	XXXXXX	XXXXXX	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
WC STATU-TORY LIMITS	OTH-ER														
E.L. EACH ACCIDENT	\$ 500,000														
E.L. DISEASE - EA EMPLOYEE	\$ 500,000														
E.L. DISEASE - POLICY LIMIT	\$ 500,000														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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.

SAMPLE

CERTIFICATE HOLDER**CANCELLATION**

Davaco, Inc. 4050 Valley View Lane, Ste. 150 Irving, Texas 75038 Attn: Regina Taylor	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

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