



# SAMPLE INSURANCE AGENCY

123 Main Street  
Anytown, Texas 77777  
Telephone: 888-555-1111 • Fax: 888-555-2222

Date

Houston Independent School District  
Attn: **HISD Sourcing Specialist**  
4400 West 18th Street  
Houston, TX 77092

RE: RFP Name and Project Number  
Supplier's Name

The undersigned certifies Supplier will be able to provide an Acord certificate of insurance confirming the coverages indicated below within three days from a letter of intent to award from HISD Procurement Services. All coverages would be placed with carriers rated A VII or better and licensed to do business in the State of Texas. I have marked the applicable box for each section.

X	COVERAGES	LIMITS
<b>WORKERS' COMPENSATION SECTION</b>		
<input checked="" type="checkbox"/>	Workers' Compensation Employers' Liability Waiver of Subrogation and Alternate Employer provisions in favor of HISD	Statutory \$100,000 per Accident
<input type="checkbox"/>	Supplier has employees, but none in the State of Texas Workers' Compensation Employers' Liability Waiver of Subrogation in favor of HISD	Statutory \$100,000 per Accident
<input type="checkbox"/>	Supplier has no Employees Workers' Compensation does not apply	Not Applicable
<b>AUTOMOBILE LIABILITY SECTION</b>		
<input checked="" type="checkbox"/>	Automobile Liability covering All Owned, Hired & Non-Owned Autos, including Additional Insured and Waiver of Subrogation in favor of HISD.	\$1,000,000 CSL
<input type="checkbox"/>	Supplier owns no vehicles in the company name -- Automobile Liability covering Hired & Non-Owned Autos, including Additional Insured and Waiver of Subrogation in favor of HISD.	\$1,000,000 CSL
<b>COMMERCIAL GENERAL LIABILITY SECTION</b>		
<input checked="" type="checkbox"/>	<b>Commercial General Liability</b> , including Additional Insured and Waiver of Subrogation in favor of HISD	\$1,000,000 per Occurrence

Sincerely,

Insurance Agent