



CERTIFICATE OF INSURANCE

Form 1560
(Rev. 8/18)
Previous editions of this form may not be used.
Page 1 of 2

Agents should complete this form by providing all requested information, then either email, fax, or mail this form as noted at the bottom of page two. Copies of endorsements listed below are not required as attachments to this certificate.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not confer any rights or obligations other than the rights and obligations conveyed by the policies referenced on this certificate. The terms of the policies referenced in this certificate control over the terms of this certificate.

FILED
TERRI ROSS
COUNTY CLERK
2022 MAR 15 AM 11:43
DEPUTY
U.S. COUNTY, TX.

Insured: LIVE GILMER
Street/Mailing Address: 115 W. TYLER
City/State/Zip: GILMER, TEXAS 75644
Phone Number: ()

WORKERS' COMPENSATION INSURANCE COVERAGE:

Endorsed with a Waiver of Subrogation in favor of TxDOT.

| | | | | |
|--------------------------|----------------------|-----------------------|---------------------------------|----------------------------------|
| Carrier Name: | | | Carrier Phone #: () | |
| Address: | | | City, State, Zip: | |
| Type of Insurance | Policy Number | Effective Date | Expiration Date | Limits of Liability: |
| Workers' Compensation | | | | Not Less Than: Statutory - Texas |

COMMERCIAL GENERAL LIABILITY INSURANCE:

| | | | | |
|---|-----------------------|------------------------|--|--|
| Carrier Name: SCOTTSDALE INSURANCE | | | Carrier Phone #: (800) 256 - 5281 | |
| Address: | | | City, State, Zip: SCOTTSDALE, AZ | |
| Type of Insurance: | Policy Number: | Effective Date: | Expiration Date: | Limits of Liability: |
| Commercial General Liability Insurance | QDC28052 | 03/25/22 | 03/26/22 | Not Less Than: \$ 600,000 each occurrence |

BUSINESS AUTOMOBILE POLICY:

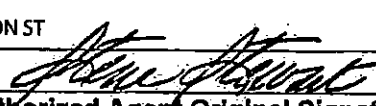
| | | | | |
|----------------------------|-----------------------|------------------------|---------------------------------|--|
| Carrier Name: | | | Carrier Phone #: () | |
| Address: | | | City, State, Zip: | |
| Type of Insurance: | Policy Number: | Effective Date: | Expiration Date: | Limits of Liability: |
| Business Automobile Policy | | | | Not Less Than: \$ 600,000 combined single limit |

UMBRELLA POLICY (if applicable):

| | | | | |
|---------------------------|-----------------------|------------------------|---------------------------------|-----------------------------|
| Carrier Name: | | | Carrier Phone #: () | |
| Address: | | | City, State, Zip: | |
| Type of Insurance: | Policy Number: | Effective Date: | Expiration Date: | Limits of Liability: |
| Umbrella Policy | | | | |

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

THIS IS TO CERTIFY to the Texas Department of Transportation acting on behalf of the State of Texas that the insurance policies named are in full force and effect. If this form is sent by facsimile machine (fax), the sender adopts the document received by TxDOT as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

| | | |
|--|--|------------------------------|
| Agency Name | Address | City, State, Zip Code |
| STEWART INSURANCE AGENCY | 200 E. JEFFERSON ST | GILMER, TEXAS 75644 |
| (903) 843 - 2717 |  | 02/22/2022 |
| Authorized Agent's Phone Number | Authorized Agent Original Signature | Date |

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under §§552.021 and 552.023 of the Texas Government Code, you also are entitled to receive and review the information. Under §559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect.

NOTES TO AGENTS:

Agents must provide all requested information then either email, fax, or mail this form as noted below.

Pre-printed limits are the minimum required; if higher limits are provided by the policy, enter the higher limit amount on an Acord Form.

To avoid work suspension, an updated insurance form must reach the address listed below one business day prior to the expiration date. Insurance must be in force in order to perform any work.

Binder numbers are not acceptable for policy numbers.

The certificate of insurance, once on file with the department, is adequate for subsequent department contracts provided adequate coverage is still in effect. Do not refer to specific projects/contracts on this form.

List the contractor's legal company name, including the DBA (doing business as) name as the insured. If a staff leasing service is providing insurance to the contractor/client company, list the staff leasing service as the insured and show the contractor/client company in parenthesis.

The Texas Department of Insurance (TDI) approved forms are the only acceptable proof of insurance for department contracts. The preferred Certificate of Insurance (COI) is on a 1560 or Acord form.

Over-stamping and/or over-typing entries on the certificate of insurance are not acceptable if such entries change the provisions of the certificate in any manner.

DO NOT COMPLETE THIS FORM UNLESS THE WORKERS' COMPENSATION POLICY IS ENDORSED WITH A WAIVER OF SUBROGATION IN FAVOR OF TXDOT.

The SIGNATURE of the agent is required.

CERTIFICATE OF INSURANCE REQUIREMENTS:

WORKERS' COMPENSATION INSURANCE:

The contractor is required to have Workers' Compensation Insurance if the contractor has any employees including relatives.

The word STATUTORY, under limits of liability, means that the insurer would pay benefits allowed under the Texas Workers' Compensation Law.

GROUP HEALTH or ACCIDENT INSURANCE is not an acceptable substitute for Workers' Compensation.

COMMERCIAL GENERAL LIABILITY INSURANCE:

MANUFACTURERS' or CONTRACTOR LIABILITY INSURANCE is not an acceptable substitute for Comprehensive General Liability Insurance or Commercial General Liability Insurance.

BUSINESS AUTOMOBILE POLICY:

If coverages are specified separately, they must be at least these amounts:

| | |
|-----------------|---------------------------|
| Bodily Injury | \$500,000 each occurrence |
| | \$100,000 each occurrence |
| Property Damage | \$100,000 for aggregate |

PRIVATE AUTOMOBILE LIABILITY INSURANCE is not an acceptable substitute for a Business Automobile Policy.

Completed forms may be submitted by any of the following methods:

Email: CST_Insurance@txdot.gov
Fax: (512) 416-2536
Mail: Texas Department of Transportation
CST – Contract Processing
125 E. 11th Street
Austin, TX 78701-2483

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TERRI ROSS
COUNTY CLERK
2022 MAR 15 AM 11:43
UPSHUR COUNTY, TX.
BY [Signature]
DEPUTY