



FLATIRON/DRAGADOS, LLC
Harbor Bridge Replacement Project

RFQ Number: 20-702-RFQ-239
Ground Improvements Design

Please submit additional documents listed below along with your proposal:

- Price Schedule
- Detailed Proposal on Company Letter Head with all Inclusions/Exclusions accompanying your Price Schedule
- Bidder Questionnaire
- Representation and Certifications
- Articles of Incorporation
- Copy of W9
- Sample of Certification of Insurance (*please see next page for the COI requirements*)



FLATIRON/DRAGADOS, LLC
Harbor Bridge Replacement Project

RFQ Number: 20-702-RFQ-239
 Ground Improvements Design



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 06/27/2016

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 Producer		CONTACT NAME: Contact Name of Agent PHONE (A/C, No. Ext.): Provide Agent Phone E-MAIL ADDRESS: Provide Agent Email Address FAX (A/C, No.):	
INSURED Name of Insured Address Telephone		INSURER(S) AFFORDING COVERAGE INSURER A: Name of Insurance Company INSURER B: Name of Insurance Company INSURER C: Name of Insurance Company (if applicable) INSURER D: Name of Insurance Company (if applicable) INSURER E: INSURER F:	NAIC # NAIC No. NAIC No. NAIC No. NAIC No.

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	Enter Policy Number	Eff. Date	Exp. Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	Enter Policy Number	Eff. Date	Exp. Date	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 EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ Amount	Y	Y	Enter Policy Number	Eff. Date	Exp. Date	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Enter Policy Number	Eff. Date	Exp. Date	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: US 181 Harbor Bridge Project, Corpus Christi, Texas

Flatiron/Dragados, LLC, the Texas Department Of Transportation, the State, Texas Transportation Commission, HNTB Corporation, Atkins Global, Port of Corpus Christi Authority, Port Commissioners, and their respective successors, assigns, officeholders, officers, directors, agents, representatives, consultants and employees are Additional Insured(s) with respects to General Liability, Automobile Liability and Excess Liability policies as required by written contract. The above General Liability and Automobile Liability Policies are afforded on a Primary and Non-Contributory basis as required by written contract. Excess Coverage is Follow Form. Waiver of Subrogation applies in favor of the aforementioned Additional Insured(s) and any other required by contract, with respect to General Liability, Automobile Liability, Excess Liability and Workers' Compensation as required by written contract. In the event of cancellation by the insurance companies, the policies have been endorsed to provide thirty days notice of cancellation (except for non-payment) to the aforementioned Additional Insured(s), if required by written contract.

CERTIFICATE HOLDER

Flatiron/Dragados, LLC
 ATTN: Jenny Janca
 500 N. Shoreline Blvd., Ste. 500
 Corpus Christi, Texas 78401

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

Signed by Authorized Representative

© 1988-2014 ACORD CORPORATION. All rights reserved.