



CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

Today's Date

PRODUCER

INSURANCE AGENT OR BROKER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY

A INSURANCE COMPANY

COMPANY

B

COMPANY

C

COMPANY

D

INSURED

VENDOR'S NAME

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY	XXXXXX	1/1/2009	12/31/2010	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PRODUCTS-COMP/OP AGG \$ 1,000,000
<input checked="" type="checkbox"/>	CONTRACTUAL LIABILITY				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 1,000,000
<input checked="" type="checkbox"/>	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				FIRE DAMAGE(Any one fire) \$ 1,000,000
					MED EXP(Any one person) \$ 5,000
	AUTOMOBILE LIABILITY	XXXXXX	1/1/2009	12/31/2010	
<input checked="" type="checkbox"/>	ANY AUTO				COMBINED SINGLE LIMIT \$ 1,000,000
<input checked="" type="checkbox"/>	ALL OWNED AUTOS				(EA ACCIDENT)
<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY
<input checked="" type="checkbox"/>	HIRED AUTOS				(Per Person)
<input checked="" type="checkbox"/>	NON-OWNED AUTOS				BODILY INJURY
					(Per Accident)
	GARAGE LIABILITY				PROPERTY DAMAGE
<input type="checkbox"/>	ANY AUTO				AUTO ONLY-EA ACCIDENT
<input type="checkbox"/>					OTHER THAN AUTO ONLY:
<input type="checkbox"/>					EACH ACCIDENT
					AGGREGATE
	EXCESS LIABILITY				EACH OCCURRENCE
<input type="checkbox"/>	UMBRELLA				AGGREGATE
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM				
<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	XXXXXX	1/1/2009	12/31/2010	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				<input checked="" type="checkbox"/> WC STATUTOF <input type="checkbox"/> OTHER
	IF YES, DESCRIBE UNDER SPECIAL PROVISION				LIMITS
					EACH ACCIDENT \$ 500,000
					DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

DART, The City of Dallas, their directors, officers, representatives, agents, employees and all affiliated companies and organizations are listed as additional insureds on the General Liability and Automobile Liability policies. A waiver of subrogation in favor of DART and the City of Dallas is included as respects workers compensation.

CERTIFICATE HOLDER

Dallas Area Rapid Transit
P.O. Box 660163
Dallas, TX 75266-0163

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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