

# Vendor Insurance Requirements Template

## Certificate of Insurance

<b>NAME AND ADDRESS OF AGENCY:</b>  Required	<b>COMPANIES AFFORDING COVERAGES</b>	
	COMPANY A <b>List all insurers - AM Best Required: A-, VII or higher</b>	
<b>NAME AND ADDRESS OF INSURED:</b>  Required	COMPANY B	
	COMPANY C	
	COMPANY D	
	COMPANY E	

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policies listed on this certificate of insurance.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDL INSD	SUBR WVD	LIMITS OF LIABILITY (Below Limits are required minimums)	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Occurrence	Required	Required	Required	X	X	<b>EACH OCCURRENCE</b> <b>PERSONAL &amp; ADV INJURY</b> <b>GENERAL AGGREGATE PRODUCTS - COMP/OP AGG</b>	<b>\$1,000,000</b>
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO Or <input checked="" type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-owned Autos	Required	Required	Required	X	X	<b>COMBINED SINGLE LIMIT (each accident)</b>	<b>\$1,000,000</b>
C	<b>UMBRELLA LIABILITY / EXCESS LIABILITY</b> <input checked="" type="checkbox"/> Occurrence	Required	Required	Required	X	X	<b>EACH OCCURRENCE AGGREGATE</b>	<b>\$4,000,000</b> <b>\$4,000,000</b>
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Required	Required	Required	N/A	X	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <b>E.L. EACH ACCIDENT</b> <b>E.L. DISEASE - POLICY LIMIT</b> <b>E.L. DISEASE - EACH EMPLOYEE</b>	<b>\$1,000,000</b> <b>\$1,000,000</b> <b>\$1,000,000</b>

### SPECIAL PROVISIONS:

- In the Description of Operations:**  
 Umbrella/excess liability follows form over general liability, auto liability, and employers liability.
- Certificate Holder:**  
 US Enercorp LTD, Enercorp LLC, US Enercorp LLC,  
 Ageron Energy LLC & Ageron Holdings LLC  
 1250 NE Loop 410, Ste 500  
 San Antonio, TX 78209
- Include copies of the following endorsement forms:**
  - General Liability Additional Insured (ongoing and completed operations)
  - General Liability Waiver of Subrogation
  - General Liability Primary & Non-Contributory
  - Auto Liability Additional Insured
  - Auto Liability Waiver of Subrogation
  - Workers Compensation Waiver of Subrogation*(All endorsement forms must tie to the current policies, either by having the policy numbers listed on the endorsements, or by referencing the form numbers on the COI.)*