



**WORTH**  
& ASSOCIATES

To: Tenants  
From: Worth & Associates Property Management  
RE: Certificate of Liability Insurance

Per the terms of the Lease Agreement section labeled "Insurance", Worth and Associates requires that a current Certificate of Liability Insurance be kept on file for your company. Items that are required by the Landlord in your liability insurance certificate are:

1. Tenant shall provide "all risk" property insurance on tenant's business personal property, including removal trade fixtures and all additions and improvements made by the tenant located in the premises.
2. Workers Compensation – statutory coverage including employers' liability with minimum limits of \$1,000,000/\$1,000,000/\$1,000,000
3. Commercial General Liability including but not limited to premises operations, products and completed operations, broad form property damage, contractual liability, and where the exposure exists, coverage for elevator, water craft, blasting and explosions, blow out, cratering and underground blasting. The minimum limits shall be \$1,000,000 per occurrence /\$2,000,000 products and completed operations aggregate / \$2,000,000 general aggregate. Policy shall be endorsed to name Landlord and Property Managers as Additional Insureds.
4. Comprehensive automobile policy covering all owned, hired, and nonOwned vehicles with a minimum limit of \$1,000,000 combined single limit; and
5. Commercial umbrella liability insurance with a minimum limit of \$1,000,000.

All insurance companies providing the policies shown above will have a minimum Best Rating of A-VIII.

Please have your insurance carrier issue a Certificate of Insurance as soon as possible and email to [elisabethr@worthsa.com](mailto:elisabethr@worthsa.com). The certificate should read as follows:

Certificate Holder:	Inwood Heritage Oaks Village, Ltd c/o Worth and Associates 7373 Broadway, Suite 201 San Antonio, TX 78209
Additional Insured:	Inwood Heritage Oaks Village, Ltd And Worth and Associates Property Management

We appreciate your prompt attention to this matter. Please feel free to contact our office if you have any questions.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:		FAX (A/C, No):	
	PHONE (A/C, No, Ext):		E-MAIL ADDRESS:	
www.worthaminsurance.com	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: Insurance Company			
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			

OVERAGES CERTIFICATE NUMBER: 39100567 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.

IR	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>					EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$Nil						EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
<input 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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	N/A			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
<input type="checkbox"/>	Property Insurance						All Risk Business Personal Property including Trade fixtures, all additions and improvements made by tenant

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

se attached requirements

CERTIFICATE HOLDER  Inwood Heritage Oaks Village, Ltd c/o Worth & Associates, Ltd 7373 Broadway, Suite 201 San Antonio, TX 78209	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  John L. Wortham & Son, L.P.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Wortham San Antonio Inc.		NAMED INSURED Tenant
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25      FORM TITLE: Certificate of Liability (03/16)

HOLDER:  
ADDRESS: 7373 Broadway #201 San Antonio TX 78209

### General Liability

Including but not limited to premises operations, products and completed operations, broad for property damage, contractual liability, and where the exposure exists, coverage for elevator, watercraft, blasting and explosions, blow out, Cratering and underground blasting.  
Policy will be endorsed to name Landlord/Property Manager as Additional Insureds.

All coverage shall be written through an insurance carrier with a minimum Best Rating of A-VIII