



FLATIRON/DRAGADOS, LLC
Harbor Bridge Replacement Project

RFQ Number: 20-702-RFQ-282
Truck Mounted Hydra Platform

Please submit additional documents listed below along with your proposal:

- 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*)
- Your Company's Safety, Quality and Environmental Programs
- EEO Policy (form)

		<h1 style="margin: 0;">CERTIFICATE OF LIABILITY INSURANCE</h1>		DATE (MM/DD/YYYY) 7/26/2019																	
<p>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.</p> <p>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).</p>																					
PRODUCER Insurance Agent's Name and Address		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Contact Name of Agent</td> </tr> <tr> <td>PHONE (A/C, No, Ext): Provide Agent Phone</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Provide Agent Email Address</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Name of Insurance Company</td> <td>NAIC No.:</td> </tr> <tr> <td>INSURER B: Name of Insurance Company</td> <td>NAIC No.:</td> </tr> <tr> <td>INSURER C: Name of Insurance Company (if applicable)</td> <td>NAIC No.:</td> </tr> <tr> <td>INSURER D: Name of Insurance Company (if applicable)</td> <td>NAIC No.:</td> </tr> </table>				CONTACT NAME: Contact Name of Agent		PHONE (A/C, No, Ext): Provide Agent Phone	FAX (A/C, No):	E-MAIL ADDRESS: Provide Agent Email Address		INSURER(S) AFFORDING COVERAGE		INSURER A: Name of Insurance Company	NAIC No.:	INSURER B: Name of Insurance Company	NAIC No.:	INSURER C: Name of Insurance Company (if applicable)	NAIC No.:	INSURER D: Name of Insurance Company (if applicable)	NAIC No.:
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INSURED Contractor or Subcontractor's Name and Address																					
COVERAGES		CERTIFICATE NUMBER:																			
REVISION NUMBER:																					
<p>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.</p>																					
INR	LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <hr/> <input type="checkbox"/> AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOG	X	X	POLICY NUMBER		Per Claim/Occ \$ 1,000,000 General Agg \$ 2,000,000 Prod & Comp Opp Agg \$ 2,000,000 Personal & Adv. Injury \$ 1,000,000 Fire Damage \$ 100,000 Medical Expense \$ 10,000														
		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	X	X	POLICY NUMBER		Combined Single Limit \$ 1,000,000														
A		<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$	X	X	POLICY NUMBER		Per Claim/Occ \$ 5,000,000 Aggregate \$ 5,000,000														
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	POLICY NUMBER		<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL Each Accident \$ 500,000 EL Disease Policy Limit \$ 500,000 EL Disease Each Accident \$ 500,000														
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)																					
Project: US 181 Harbor Bridge Project, Corpus Christi, Texas																					
<p>Flatiron Dragados, LLC, Dragados USA, Inc., Flatiron Constructors, Inc., Texas Department of Transportation, The State of Texas, The Texas Transportation Commission, HNTB Corporation, Port of Corpus Christi Authority, Port Commissioners, Atkins Global, and their respective successors, assigns, officeholders, directors, commissioners, 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 respects 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.</p>																					
CERTIFICATE HOLDER Flatiron Dragados, LLC ATTN: Risk Management 500 N. Shoreline Blvd., Ste. 500 Corpus Christi, Texas				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																	