

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Agent Mailing Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext):		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED Contractor for Medina Electric Cooperative Inc	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Admitted Carrier - At Least A / VII		
	INSURER B : Admitted Carrier - At Least A / VII		
	INSURER C : Admitted Carrier - At Least A / VII		
	INSURER D : Admitted Carrier - At Least A / VII		
	INSURER E : Admitted Carrier - At Least A / VII		
INSURER F : Admitted Carrier - At Least A / VII			

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	GL1234	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	BAP1234	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	X	UMB1234	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	N/A	WC1234	MM/DD/YY	MM/DD/YY	<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
E	Pollution Liab. Professional Liab. Aviation Liab.			POLL1234 PRO1234 AVIA1234	MM/DD/YY MM/DD/YY MM/DD/YY	MM/DD/YY MM/DD/YY MM/DD/YY	\$1,000,000 per occ/agg \$5,000,000 per occ/agg \$10,000,000 per occ/agg

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

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Medina Electric
Cooperative, Inc.
PO Box 370
Hondo, TX 78861

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

DESCRIPTIONS (Continued from Page 1)

Commercial General Liability Insurance under an occurrence policy form (ISO occurrence form CG0001 04/13, or a substitute form providing equivalent coverage)

GL to include:

- > **Additional Insured:** Name MEC by policy endorsement as additional insured and must provide coverage to the maximum extent permitted by law using ISO form CG 20 10 10/01 and CG 20 37 10/01 (or a substitute form providing equivalent coverage).
- > **Waiver of Subrogation:** Waiver of each insurers rights of subrogation against MEC, its successors and assigns, and its directors, officers, agents and employees ("MEC Indemnified Parties").
- > **Primary & Non-Contributory:** Include primary & non-contributory wording using ISO form CG2001 04/13 (or a substitute form providing equivalent coverage) and include standard severability provision .
- > **30 Day NOC:** Provide notice by the insurer to MEC prior to the cancellation, nonrenewal or material change of any insurance referred to herein.
- > **An endorsement for herbicide and pesticide applicator coverage if applicable to the contract and type of work.**
- > **Coverage is included for any construction or work on or within 50 feet of a railroad if applicable to the contract and type of work.**

Business Automobile Liability Insurance must be endorsed to provide Broadened Pollution Coverage for covered autos using ISO form CA 99 48 03/06 (or a substitute form providing equivalent coverage)

BAP to include:

- > **Additional Insured:** Name MEC by policy endorsement as additional insured and must provide coverage to the maximum extent permitted by law.
- > **Waiver of Subrogation:** Waiver of each insurers rights of subrogation against MEC, its successors and assigns, and its directors, officers, agents and employees ("MEC Indemnified Parties").
- > **Primary & Non-Contributory:** Include primary & non-contributory wording and include standard severability provision.
- > **30 Day NOC:** Provide notice by the insurer to MEC prior to the cancellation, nonrenewal or material change of any insurance referred to herein.
- > **Broadened Pollution Coverage CA9948 03/06**

Workers' Compensation to include:

- > **Alternate Employer:** Name MEC by policy endorsement as alternate employer
- Waiver of Subrogation:** Waiver of each insurers rights of subrogation against MEC, its successors and assigns, and its directors, officers, agents and employees ("MEC Indemnified Parties").
- > **30 Day NOC:** Provide notice by the insurer to MEC prior to the cancellation, nonrenewal or material change of any insurance referred to herein.

Umbrella Insurance (Excess Liability): Confirm coverage is at least as broad as and applies in excess and follows form of the primary liability coverages required above

UMB to include:

- > **Additional Insured:** Name MEC by policy endorsement as additional insured and must provide coverage to the maximum extent permitted by law.
- > **Waiver of Subrogation:** Waiver of each insurers rights of subrogation against MEC, its successors and assigns, and its directors, officers, agents and employees ("MEC Indemnified Parties").
- > **Severability:** Confirm standard severability provisions state that each insured is provided coverage as though as separate policy had been issued to each, except with respects to limits of insurance.
- > **Cross Liability:** Confirm policy does not contain a cross liability or a cross-suit exclusion that prevent MEC from asserting claims against the Contractor or any other insured under the policies.

No policy shall contain a wildfire or loss caused by a wildfire exclusion.