

**VENDOR INSURANCE REQUIREMENTS**

Please provide Fobare Commercial, L.P. with an Accord Certificate of Insurance evidencing the following insurance requirements.

**COVERAGE:**

Commercial General Liability General Aggregate	\$2,000,000	
Bodily Injury	\$1,000,000	each person
	\$1,000,000	each occurrence
	\$1,000,000	aggregate products
Property Damage	\$1,000,000	each person
	\$1,000,000	each occurrence
	\$1,000,000	aggregate products
Automobile Liability and Property Damage	\$1,000,000	each person
Excess Umbrella Liability	\$1,000,000	each occurrence
Worker’s Compensation	\$ 500,000	State of Texas limits

No worker’s Compensation: Waiver Form TWCC-85 must be executed.  
(Original signature required)

**WAIVER OF SUBROGATION:** (must be exact wording)

Under “Special Provisions”, certificate must state: Waiver of Subrogation applies in favor of the Owner and Managing Agent.

**ADDITIONAL INSURED LANGUAGE:** (must be exact wording)

The Certificate Holders are listed as an additional insured.

**CERTIFICATE HOLDER:** (must be exact wording)

Fobare Commercial, L.P., as Managing Agent  
and the Owner of its managed properties  
100 North Central  
Suite 507  
Richardson, TX 75080

ACKNOWLEDGED RECEIPT OF THESE REQUIREMENTS THIS \_\_\_\_\_ day of \_\_\_\_\_ ,  
20\_\_\_\_.

By: \_\_\_\_\_  
Moving Representative