



## Insurance Requirements

### **Insurance Carrier Rating**

All policies of insurance required to be carried by Exhibitor shall be written by companies rate A / X or better in the most recent A.M. Best Rating Guide.

### **Amount of Liability Coverage**

Exhibitor's general liability insurance policy shall provide coverage for and be in the amount of not less than One Million Dollars (\$1,000,000) per occurrence and not less than Two Million Dollars (\$2,000,000) general aggregate per Project for bodily injury and property damage, as well as no less than Two Million Dollars (\$2,000,000) products and completed operations aggregate limit.

### **Amount of Umbrella Excess Liability Coverage**

Exhibitor shall maintain an Umbrella Excess Liability policy of insurance in an amount not less than One Million Dollars (\$1,000,000).

### **Additional Insured Endorsement**

All policies of insurance required to be carried by Exhibitor shall name Owner/Client as an additional insured and the certificate shall be accompanied by the Additional Insured-Owners, Lessees or Contractors Endorsement.

**Provide the appropriate Additional Insured Endorsement naming the following entities as additional insureds:**

**Fort Worth Heritage Development, LLC, a Texas Limited Liability Company**  
**Fort Worth Heritage Entertainment, LLC, a Texas Limited Liability Company**  
**Hickman Investments, LTD, a Limited Partnership**  
**Majestic Realty Co., a California Corporation**  
**Exchange Hotels Management, LLC**  
**Stockyards Coliseum, LLC**  
**Fort Worth Convention & Visitors Bureau**  
**Fort Worth Herd**  
**Friends of the Fort Worth Herd**

### **Primary / Non-Contributory Endorsement**

The Exhibitor's liability insurance coverage shall be primary insurance with respect to Owner/Client. Any insurance maintained by Owner/Client shall be in excess of Exhibitor's

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insurance and shall not contribute with it. The policy must include an endorsement indicating that Exhibitor's insurance is primary and Owner's/Client's insurance is non-contributory.

## **Cancellation Endorsement**

The insurance coverage shall not be cancelled or materially reduced except after thirty (30) days prior written notice to Owner/Client. The policy must be properly endorsed to provide for thirty (30) days written notice to the additional insured in the case of cancellation.

## **Worker's Compensation Coverage**

Exhibitor shall maintain Workers' Compensation insurance in accordance with State and Federal law and employer's liability insurance with a limit of not less than \$100,000 per accident, \$500,000 disease policy limit, and \$100,000 disease per employee.

## **Automobile Liability Coverage**

Exhibitor shall maintain automobile insurance with no less than a combined single limit of One Million Dollars (\$1,000,000) per accident for owned, non-owned and hired vehicles.

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SAMPLE CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YYYY) Current Date
<b>PRODUCER</b> <b>INSURANCE AGENCY/COMPANY</b> <b>INFORMATION TO BE ENTERED HERE</b>		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE COMPANY A <b>ALL INSURANCE CARRIERS TO BE SHOWN</b> COMPANY B (Note letter designation on left side of form.) COMPANY C COMPANY D			
<b>INSURED</b> <b>NAME AND ADDRESS OF TEMPORARY TENANT / VENDOR TO BE ENTERED HERE</b>					
<b>COVERAGE</b> 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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GEN. LIAB. <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS CONTRACTORS PROT.	NOTE 1 POLICY NUMBER TO BE ENTERED.	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS-COMP/OP AGG. \$ 1,000,000.00 PERSONAL & ADV. INJURY \$ 2,000,000.00 EACH OCCURRENCE \$ 1,000,000.00 FIRE DAMAGE (Any one fire) \$ 1,000,000.00 MED EXP (Any one person) \$ 5,000.00 COMBINED SINGLE LIMIT \$ 2,000,000.00
	<input checked="" type="checkbox"/> AUTOMOBILE <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	NOTE 2 POLICY NUMBER TO BE ENTERED.	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$ AUTO ONLY - EA. ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA. ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<input checked="" type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	NOTE 3 TO BE COMPLETED IF TYPE 1 IS NOT \$2 MIL & NETW/2 IS NOT \$1 MIL.	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	EACH OCCURRENCE \$ 1,000,000.00 AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION & EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.	NOTE 4 POLICY NUMBER TO BE ENTERED.	EFFECTIVE DATE TO BE ENTERED.	EXPIRATION DATE TO BE ENTERED.	WC STATUTORY LIMITS Statutory OTHER EL EACH ACCIDENT EL DISEASE - POLICY LIMIT EL DISEASE - EA EMPLOYEE
	OTHER				
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</b> Additional Insured: Fort Worth Heritage Development, LLC, a Texas Limited Liability Company Fort Worth Heritage Entertainment, LLC, a Texas Limited Liability Company Hickman Investments, LTD, a Limited Partnership Majestic Realty Co., a California Corporation Stockyards Coliseum, LLC					
(Additional Insured must be worded as above.)					
<b>CERTIFICATE HOLDER</b> Fort Worth Heritage Development, LLC 131 E. Exchange Avenue, Suite 212 Fort Worth, TX 76164			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
(Certificate Holder must be worded as above.)			AUTHORIZED REPRESENTATIVE <b>ORIGINAL SIGNATURE REQUIRED</b>		