



**Texas Department of Transportation (TxDOT)**  
**CERTIFICATE OF INSURANCE**

Form 1560-CSS  
Professional Provider Insurance  
(Rev. 04/10)  
Previous versions of this form may not be used.  
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Prior to the beginning of work, the Contractor shall obtain the minimum insurance and endorsements specified. Only the TxDOT certificate of insurance for is acceptable as proof of insurance for department contracts. Agents should complete the form providing all requested information then either fax or mail this form directly to the address listed on page one of this form. Copies of endorsements listed below are not required as attachments to this certificate.

Insured: City of Boerne  
Street/Mailing Address: PO Box 1677  
City Boerne, State: TX Zip: 78006-1677  
Phone Number: 830-249-9511 Vendor EIN Number (11 digits) \_\_\_\_\_

**Workers' Compensation Insurance Coverage:**

Endorsed with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: <b>Texas Municipal League Intergovernmental Risk Pool</b>			Carrier Phone Number: <b>800-537-6655</b>	
Address: <b>1821 Rutherford Ln.</b>			City: <b>Austin</b>	State: <b>TX</b> Zip: <b>78754</b>
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability:
Workers' Compensation	7787	10/01/25	10/01/26	Not Less Than: Statutory – Texas

**Comprehensive General Liability Insurance:**

Endorsed with TxDOT as Additional Insured and with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: <b>Texas Municipal League Intergovernmental Risk Pool</b>			Carrier Phone Number: <b>800-537-6655</b>	
Address: <b>1821 Rutherford Ln.</b>			City: <b>Austin</b>	State: <b>TX</b> Zip: <b>78754</b>
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Commercial General Liability Insurance Bodily Injury Property Damage <b>OR</b> Commercial General Liability Insurance	7787	10/01/25	10/01/26	Not Less Than: \$500,000 each occurrence \$100,000 each occurrence \$100,000 for aggregate <b>OR</b> \$600,000 combined single limit

**Comprehensive Automobile Liability Insurance:**

Endorsed with TxDOT as Additional Insured and with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: <b>Texas Municipal League Intergovernmental Risk Pool</b>			Carrier Phone Number: <b>800-537-6655</b>	
Address: <b>1821 Rutherford Ln.</b>			City: <b>Austin</b>	State: <b>TX</b> Zip: <b>78754</b>
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Business Automobile Policy Bodily Injury Property Damage	7787	10/01/25	10/01/26	Not Less Than: \$ 250,000 each person \$ 500,000 each occurrence \$ 100,000 each occurrence

**Umbrella Policy (if applicable):**

Carrier Name: <b>N/A</b>			Carrier Phone Number:	
Address:			City:	State: Zip:
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Umbrella Policy				

**Authorized Agent name, address and zip code:**

Texas Municipal League Intergovernmental Risk Pool 1821 Rutherford Ln. Austin, TX 78754

This Certificate of Insurance neither affirmatively nor negatively amends, extends, nor alters the coverage afforded by the above insurance policies issued by the named insurance company. Cancellation of the insurance policies shall not be made until THIRTY DAYS AFTER the agent or the insurance company has sent written notice by certified mail to the contractor and the Texas Department of Transportation.

THIS IS TO CERTIFY to the Texas Department of Transportation acting on behalf of the State of Texas that the insurance policies named meet all the requirements stipulated and such policies are in full force and effect. *If this form is sent by facsimile machine (fax), the sender adopts the document received by TxDOT as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.*

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under sections 555.021 and 553.023 of the Texas Government Code, you also are entitled to receive and review the information. Under section 559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect.

Area Code (512) 491-2300

Authorized Agent's Phone Number

Authorized Agent Original Signature

5/30/2025

Date