

UH Technology Bridge

Insurance Requirements for Innovation Center & Lab Leases

All tenants must show evidence of the required insurance coverage by providing a Certificate of Liability (COL) Insurance as a prerequisite to leasing office or lab space at UH's Innovation Center and Labs, and maintain the foregoing insurance coverage during the term of lease. This document is designed to help you check off the coverage required in your policy. An example of an appropriate COL is also given for your easy interpretation. This document and the example given represent the minimum insurance requirements needed for leasing space. Further coverage may be desirable.

1. All-risk (special form) Property insurance must be in an amount equal to the full replacement cost of Tenant's Property located in the Premises.
2. **Commercial General Liability** (CGL) must include
 - a minimum limit of \$1,000,000.00 per occurrence,
 - damage to Rented Premises providing a minimum limit of \$100,000 per occurrence (not stated in lease, but still required),
 - an aggregate of \$1,000,000.
3. **Umbrella** or **Excess Liability** insurance must include
 - a minimum limit of \$1,000,000 per occurrence,
 - an aggregate of \$1,000,000.
4. **Commercial Automobile** (CA) liability insurance must cover owned, non-owned, and hired vehicles, and include
 - an amount not less than a combined single limit of \$1,000,000 per accident.
5. **Workers' Compensation** (WC) insurance as required by law with statutory limits for the State of Texas covering Tenant's employment of workers and anyone for whom Tenant may be liable for Workers' Compensation and Employer's Liability insurance must include
 - an amount not less than \$1,000,000 each accident,
 - \$1,000,000.00 disease-each employee and policy limit.
6. With respect to **Additional Insured** and **Right of Subrogation**, all policies must
 - be endorsed to waive the insurance carriers' right of subrogation for CGL, Umbrella, CA, and WC coverage,
 - name the landlord and landlord's building manager as Additional Insureds for CGL, Umbrella, and CA coverage (does not apply to WC).
7. Identifying the **Certificate Holder** as:

University of Houston Division of Energy & Innovation
Attn: OTTI - Startup Development
5000 Gulf Freeway
Bldg. 4, Room 118
Houston TX 77023

Possible Waivers:

- Commercial Automobile coverage can be waived if the company doesn't own commercial vehicles.
- Workers' Compensation coverage can be waived if the company doesn't employ benefit-eligible employees.

Helpful Information: Year building was built: 1953, remodel: 2015
Number of stories: 1, Square Feet: (Bldg. 5 - 31K, Bldg. 4 - 60K)
Type of Construction: Other: Fire Resistive/Superior
Type of Security: Central Burglar, Fire Protection: Sprinkler

Insurance Brokers:

These are not recommendations; only resources:

Hartford
www.thehartford.com/business

Hotchkiss Insurance
Chase Fondren
713-292-5738
cfondren@hiallc.com

Hiscox
www.hiscox.com

QUICK TIPS: UNDERSTANDING THE ACORD CERTIFICATE OF LIABILITY INSURANCE

| ACORD CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) date cert issued | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PRODUCER Insurance Agent/Broker who issues certificates.</p> | <p>PRODUCER JOHN DOE INSURANCE AGENCY 123 Main Street Houston TX 77002</p> | <p>POLICY EFFECTIVE DATE Must be prior to or coincidental with effective date of contract.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>NAME OF INSURED Must be the legal name of the contracting party.</p> | <p>INSURED Legal Name of the Contracting Party 123 Mailing Address Lane City, ST ZIP</p> | <p>POLICY EXPIRATION DATE If Occurrence Form, date must be on or after termination of contract.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>POLICY FORM "Claims Made" or "Occurrence" Form</p> | <p>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 END CLAIMS.</p> | <p>POLICY EXPIRATION DATE If Occurrence Form, date must be on or after termination of contract.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>AGGREGATE LIMIT An aggregate <u>per policy</u> limit applies for the entire policy year; a <u>per project</u> aggregate is applied to individual projects; a <u>per location</u> limit applies the aggregate separately to each location.</p> | <table border="1"> <thead> <tr> <th>INSR TR</th> <th>TYPE OF INSURANCE</th> <th>ADDL INSR</th> <th>SUBR WVD</th> <th>POLICY NUMBER</th> <th>POLICY EFF (MM/DD/YYYY)</th> <th>POLICY EXP (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td>A</td> <td> GENERAL LIABILITY <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC </td> <td>Y</td> <td>Y</td> <td>CGL123456</td> <td>4/1/2013</td> <td>4/1/2014</td> <td> EACH OCCURRENCE \$1,000,000 DAMAGES TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP/OP AGG </td> </tr> <tr> <td>B</td> <td> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS </td> <td>Y</td> <td>Y</td> <td>BAP123456</td> <td>4/1/2013</td> <td>4/1/2014</td> <td> COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) </td> </tr> <tr> <td>C</td> <td> <input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE RETENTION \$ </td> <td>Y</td> <td>Y</td> <td>EXS123456</td> <td>4/1/2013</td> <td>4/1/2014</td> <td> EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 </td> </tr> <tr> <td>D</td> <td> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below OTHER </td> <td>N/A</td> <td>Y</td> <td>WC1234567</td> <td>4/1/2013</td> <td>4/1/2014</td> <td> E.L. EACH ACCIDENT \$1,000,000 E.L. DISABILITY - EA \$1,000,000 EMPLOYEE DISEASE - POLICY LIMIT \$1,000,000 </td> </tr> </tbody> </table> | INSR TR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y | Y | CGL123456 | 4/1/2013 | 4/1/2014 | EACH OCCURRENCE \$1,000,000 DAMAGES TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP/OP AGG | B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | Y | Y | BAP123456 | 4/1/2013 | 4/1/2014 | 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 EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE RETENTION \$ | Y | Y | EXS123456 | 4/1/2013 | 4/1/2014 | EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 | D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below OTHER | N/A | Y | WC1234567 | 4/1/2013 | 4/1/2014 | E.L. EACH ACCIDENT \$1,000,000 E.L. DISABILITY - EA \$1,000,000 EMPLOYEE DISEASE - POLICY LIMIT \$1,000,000 | <p>LIMITS OF INSURANCE Must be the same or greater than required by Contract.</p> |
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| <p>ADDITIONAL INSURED/WAIVER OF SUBROGATION The University of Houston System must be named additional insured with a waiver of subrogation.</p> | <p>DESCRIPTION OF OPERATIONS (LOCAL ORS/VEHICLES) (Attach a COORD if Additional Plans/Schedule & more space is required)</p> | <p>DESCRIPTION OF OPERATIONS Typically used for additional information. Place, event times, and projects are sometimes described here.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CERTIFICATE HOLDER Must be the University of Houston System. The COI should be maintained with the department contract file.</p> | <p>CERTIFICATE HOLDER University of Houston Division of Energy & Innovation Attn: OTTI - Startup Development 5000 Gulf Freeway Bldg. 4, Room 118 Houston, TX 77023</p> | <p>AUTHORIZED REPRESENTATIVE Either a wet or electronic signature.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>ACORD 25 (2010/05)</p> | | <p>©1988-2010 ACORD CORPORATION. All rights reserved The ACORD name and logo are registered marks of ACORD</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PRODUCER: Produces or orders Certificate for Insured; answers questions, revised certificate to meet contract requirement – as the policies allow.

NAME OF INSURED: Must be legal name of contracting party.

TYPES OF INSURANCE: Must include types of insurance required by contract.

POLICY FORM: Will indicate claims-made or occurrence form; see "Policy Expiration Date" for additional information.

AGGREGATE LIMIT: An aggregate per policy limit applies for the entire policy period (usually one year); a per project aggregate is applied to individual projects; a per location limit applies the aggregate separately to each location.

ADDITIONAL INSURED / WAIVER OF SUBROGATION: The certificate must include a statement for additional insured and waiver of subrogation.

CERTIFICATE HOLDER: Must be The University of Houston System; address must include campus, department and contact person.

POLICY EFFECTIVE DATE: Must be prior to or coincidental with effective date of contract.

POLICY EXPIRATION DATE: For "Occurrence" form coverage, date should be on or after the termination date of contract. If "Claims-made coverage", coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.

LIMITS OF INSURANCE: Must be same or greater than required by contract.

DESCRIPTION OF OPERATIONS: Review Information in this section to determine it is consistent with contract.

AUTHORIZED REPRESENTATIVE: Must be signed by an authorized representative of Producer.

COI or Cert: Certificate of Insurance.