

**BLUE STAR DEVELOPMENT COMPANY
SUBCONTRACTOR'S MINIMUM INSURANCE REQUIREMENTS**

PROJECT: BLUE STAR HQ, BLUE STAR FRISCO AND BLUE STAR STADIUM
PROJECT OWNER: BLUE STAR STADIUM, INC., BLUE STAR HQ, INC., BLUE STAR FRISCO, L.P.
DEVELOPER,
CONTRACTOR/AGENT: BLUE STAR DEVELOPMENT COMPANY

COMMERCIAL GENERAL LIABILITY (OCCURRENCE BASIS)

General Aggregate Limit	\$2,000,000
Products & Completed Operations Aggregate Limit (To be carried for one (1) year after completion of Project)	\$2,000,000
Personal Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000

Blue Star Development Company, Blue Star HQ, Inc., Blue Star Frisco, L.P., Blue Star Stadium, Inc., Dallas Cowboys Football Club, LTD., the City of Frisco, TX, Frisco, TX Independent School District, and all subsidiaries, related or affiliated companies are to be included as Additional Insureds (CG2010 11/85 Form or Equivalent) and such insurance shall be primary and non-contributory. Limits apply on a per project basis.

Waiver of Subrogation in favor of Blue Star Development Company, Blue Star HQ, Inc., Blue Star Frisco, L.P., Blue Star Stadium Inc., Dallas Cowboys Football Club, LTD., the City of Frisco, TX, Frisco, TX Independent School District, and all subsidiaries, related or affiliated companies.

BUSINESS AUTO LIABILITY

Combined Single Limit for Bodily Injury & Property Damage (Above to include Owned, Hired & Non-Owned Auto)	\$1,000,000
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WORKERS COMPENSATION/EMPLOYER'S LIABILITY

Each Accident	\$1,000,000
Disease Limit – Policy	\$1,000,000
Disease Limit - Each Employee	\$1,000,000

Waiver of Subrogation in favor of, Blue Star Development Company, Blue Star HQ, Inc., Blue Star Frisco, L.P., Blue Star Stadium, Inc., Dallas Cowboys Football Club, LTD., the City of Frisco, TX, Frisco, TX Independent School District, and all subsidiaries, related or affiliated companies.

UMBRELLA LIABILITY

Combined Single Limit (Over/above General, Auto, and Employers Liability Limits)	\$5,000,000
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Waiver of Subrogation in favor of Blue Star Development Company, Blue Star HQ, Inc., Blue Star Frisco, L.P., Blue Star Stadium, Inc., Dallas Cowboys Football Club, LTD., the City of Frisco, TX, Frisco, TX Independent School District, and all subsidiaries, related or affiliated companies.

PROFESSIONAL LIABILITY *(If required by PO or contract)*

Each Occurrence Limit	\$2,000,000
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Coverage shall be maintained for Three (3) years after acceptance or termination of Contractor's Work.

BSD 2/21/14



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Current

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 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).

PRODUCER Vendor's Insurance Agent Information Please send this SAMPLE CERTIFICATE to your Agent	CONTACT NAME: Vendor's Insurance Agent Contact Information	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED Vendor Company Information	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: (Insurer must have a rating of B or better.)	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Policies must meet the minimum requirements.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	XXXXXXXXXXXX	XX-XX-XXXX	XX-XX-XXXX	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS			XXXXXXXXXXXX	XX-XX-XXXX	XX-XX-XXXX	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB	<input checked="" type="checkbox"/>					EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB	<input type="checkbox"/>		XXXXXXXXXXXX	XX-XX-XXXX	XX-XX-XXXX	AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A	XXXXXXXXXXXX	XX-XX-XXXX	XX-XX-XXXX	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Professional			XXXXXXXXXXXX	XX-XX-XXXX	XX-XX-XXXX	\$ 2,000,000
	(If required by PO or contract.)						

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

(SEE ATTACHED ACORD 101 FOR ADDITIONAL REMARKS)

CERTIFICATE HOLDER

CANCELLATION

Blue Star Development Company c/o Global Risk Management Solutions 4447 N. Central Expressway, Suite 110-433 Dallas, TX 75205	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 Authorized Signature

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**

Page ____ of ____

AGENCY		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** _____ **FORM TITLE:** _____

"Blue Star Development Company, Blue Star HQ, Inc., Blue Star Frisco, L.P., Blue Star Stadium, Inc., Dallas Cowboys Football Club, Ltd., City of Frisco, TX, Frisco, TX Independent School District and all subsidiaries, related or affiliated companies, are Additional Insureds with a Waiver of Subrogation under the Commercial General Liability, Auto Liability and Umbrella Liability policies and Waiver of Subrogation on Workers Compensation. Such policies are primary and non-contributory as respects to any other insurance available to above entities.