

VENDOR INSURANCE REQUIREMENTS
LEGENDS HOSPITALITY, LLC AT AT&T STADIUM

COMMERCIAL GENERAL LIABILITY (OCCURRENCE BASIS)

Each Occurrence Limit	\$1,000,000
Personal Injury Limit	\$1,000,000
Products & Completed Operations Aggregate Limit <i>(to be carried for one (1) year after completion of Project/Contract termination)</i>	\$2,000,000
General Aggregate Limit (Inclusive of, if applicable, liquor liability and dram shop coverage)	\$2,000,000

Legends Hospitality, LLC, Blue Star Operations Services, LLC, Cowboys Stadium, L.P., Dallas Cowboys Football Club, Ltd., AT&T Services, Inc., and the City of Arlington, TX, and all subsidiaries, related or affiliated companies, are to be included as Additional Insureds and such insurance shall be primary and any insurance carried by Legends Hospitality, LLC, its parent, subsidiaries and affiliates shall be excess and non-contributory.

Waiver of Subrogation in favor of Legends Hospitality, LLC, Blue Star Operations Services, LLC, Cowboys Stadium, L.P., Dallas Cowboys Football Club, Ltd., AT&T Services, Inc., and the City of Arlington, TX, and all subsidiaries, related or affiliated companies.

WORKERS COMPENSATION/EMPLOYER'S LIABILITY

Statutory Limits

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

Waiver of Subrogation in favor of Legends Hospitality, LLC, Blue Star Operations Services, LLC, Cowboys Stadium, L.P., Dallas Cowboys Football Club, Ltd., AT&T Services, Inc., and the City of Arlington, TX, and all subsidiaries, related or affiliated companies.

BUSINESS AUTO LIABILITY

Combined Single Limit for Bodily Injury & Property Damage <i>(Above to include Owned, Hired & Non-Owned Auto)</i>	\$1,000,000
--	-------------

Legends Hospitality, LLC, Blue Star Operations Services, LLC, Cowboys Stadium, L.P., Dallas Cowboys Football Club, Ltd., AT&T Services, Inc., and the City of Arlington, TX, and all subsidiaries, related or affiliated companies, are to be included as Additional Insureds and such insurance shall be primary and any insurance carried by Legends Hospitality, LLC, its parent, subsidiaries and affiliates shall be excess and non-contributory

UMBRELLA LIABILITY

Combined Single Limit \$1,000,000
(Over/above General, Auto, and Employers Liability Limits)

Legends Hospitality, LLC, Blue Star Operations Services, LLC, Cowboys Stadium, L.P., Dallas Cowboys Football Club, Ltd., AT&T Services, Inc., and the City of Arlington, TX, and all subsidiaries, related or affiliated companies, are to be included as Additional Insureds and such insurance shall be primary and any insurance carried by Legends Hospitality, LLC, its parent, subsidiaries and affiliates shall be excess and non-contributory.

Waiver of Subrogation in favor of Legends Hospitality, LLC, Blue Star Operations Services, LLC, Cowboys Stadium, L.P., Dallas Cowboys Football Club, Ltd., AT&T Services, Inc., and the City of Arlington, TX, and all subsidiaries, related or affiliated companies.

PROFESSIONAL LIABILITY (if applicable)

Each Occurrence Limit \$2,000,000

Written with insurers rated A-, VII or better by AM Best Company

SEE BELOW FOR SAMPLE CERTIFICATE OF INSURANCE



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):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: (Insurer must have a rating of A- and	
	INSURER B: FSC Class of VII or better.)	
INSURED Vendor Company Information	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	
	INSURER H:	

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 <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						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Professional Liability						Occurrence & Aggregate \$2,000,000

Professional Liability if applicable.

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

Legends Hospitality, LLC, Blue Star Operations Services, LLC, Cowboys Stadium, L.P., Dallas Cowboys Football Club, Ltd., AT&T Services, Inc., and the City of Arlington, TX, and all subsidiaries, related or affiliated companies, are to be included as Additional Insureds on General, Automobile and Umbrella Liability policies and such insurance shall be primary and non-contributory with a Waiver of Subrogation under General, Automobile, Umbrella and Workers Compensation policies.

CERTIFICATE HOLDER
CANCELLATION

Legends Hospitality, LLC
 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