

Attach copies of your Certificate of Liability Insurance

coverage of at least:

\$2,000,000 General Aggregate

\$1,000,000 Products Completed Operations Aggregate

\$500,000 per occurrence bodily injury;

With employers' liability limits of at least:

\$1,000,000

Occurrence

\$500,000 each employee occupational disease;

\$1,000,000 Personal Injury/Advertising Injury

Please list:

Community Council of Greater Dallas, 1341 W. Mockingbird Ln., Suite 1000W, Dallas, TX 75247, as Additional Insured in the additional insured box or comment section.

**IT WILL BE RETURNED FOR CORRECTIONS IF COVERAGE
AND WORDING NOT MET**