



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Insurance Agent/Broker Name Street Address or PO Box City, State & Zip Code	<b>CONTACT NAME:</b> PHONE (A/C No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Name of Insurance Company</td> <td>Enter NAIC</td> </tr> <tr> <td>INSURER B : Name of Insurance Company (if applicable)</td> <td>Enter NAIC</td> </tr> <tr> <td>INSURER C : Name of Insurance Company (if applicable)</td> <td>Enter NAIC</td> </tr> <tr> <td>INSURER D : Name of Insurance Company (if applicable)</td> <td>Enter NAIC</td> </tr> <tr> <td>INSURER E : Name of Insurance Company (if applicable)</td> <td>Enter NAIC</td> </tr> <tr> <td>INSURER F : Name of Insurance Company (if applicable)</td> <td>Enter NAIC</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Name of Insurance Company	Enter NAIC	INSURER B : Name of Insurance Company (if applicable)	Enter NAIC	INSURER C : Name of Insurance Company (if applicable)	Enter NAIC	INSURER D : Name of Insurance Company (if applicable)	Enter NAIC	INSURER E : Name of Insurance Company (if applicable)	Enter NAIC	INSURER F : Name of Insurance Company (if applicable)	Enter NAIC
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Name of Insurance Company	Enter NAIC														
INSURER B : Name of Insurance Company (if applicable)	Enter NAIC														
INSURER C : Name of Insurance Company (if applicable)	Enter NAIC														
INSURER D : Name of Insurance Company (if applicable)	Enter NAIC														
INSURER E : Name of Insurance Company (if applicable)	Enter NAIC														
INSURER F : Name of Insurance Company (if applicable)	Enter NAIC														
<b>INSURED</b> Vendor/Contractor Name Street Address or PO Box City, State & Zip Code															

**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 PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	X	X	Enter Policy #			EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> <b>Contractual Liability</b>						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
OTHER:	PRODUCTS - COMP/OP AGG \$ 2,000,000						
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>	X	X	Enter Policy #			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR	X	X	Enter Policy # (if required)			EACH OCCURRENCE \$ Varies
	<input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ Varies
	DED RETENTION \$						\$
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A	X	Enter Policy #			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Other coverages as required			Enter Policy #			Varies Varies

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

Insert Contract or Purchase Order # or briefly describe products/services being provided. The following language must be included below:

Auburn University, its Board of Trustees, Trustees individually, Faculty, Staff, and agents are included as additional insured on the Commercial General Liability and Excess/Umbrella Liability policies. Unless precluded by law, all policies waive the right of recovery or subrogation against Auburn University, its Board of Trustees, Trustees individually, Faculty, Staff, and agents. Coverage is primary and non-contributory as respects any other insurance coverages and/or self-insurance carried by Auburn university.

**CERTIFICATE HOLDER****CANCELLATION**

Auburn University Attn: Risk Management & Insurance 1161 W. Samford Avenue, RMS Bldg. 9 Auburn University, AL 36849	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p><b>AUTHORIZED REPRESENTATIVE</b>          Signature of Insurance Agent/Broker</p>
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.