

# University of Nebraska Certificate of Insurance Preparation Instructions for Contractor's, Architect's and/or Engineer's for Facilities

DATE (MM/DD/YYYY)

## CERTIFICATE OF LIABILITY INSURANCE

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, the insured may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of an endorsement(s).

<b>PRODUCER</b> Producer Name Mail Address Mail Address City ST Zip	<b>CONTACT NAME:</b> Producer Contact PHONE (A/C, No, Ext): Producer Contact Phone FAX (A/C, No): Producer Fax E-MAIL ADDRESS: ProducerContact@ Domain.net <b>INSURER(S) AFFORDING COVERAGE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>INSURER</th> <th>INSURANCE COMPANY NAME</th> <th>RATING</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Insurance Company Name 1</td> <td>RATING:___</td> <td>NAIC</td> </tr> <tr> <td>INSURER B:</td> <td>Insurance Company Name 2</td> <td>RATING:___</td> <td>NAIC</td> </tr> <tr> <td>INSURER C:</td> <td>Insurance Company Name 3</td> <td>RATING:___</td> <td>NAIC</td> </tr> <tr> <td>INSURER D:</td> <td>Insurance Company Name 4</td> <td>RATING:___</td> <td>NAIC</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> <td></td> </tr> </table>	INSURER	INSURANCE COMPANY NAME	RATING	NAIC #	INSURER A:	Insurance Company Name 1	RATING:___	NAIC	INSURER B:	Insurance Company Name 2	RATING:___	NAIC	INSURER C:	Insurance Company Name 3	RATING:___	NAIC	INSURER D:	Insurance Company Name 4	RATING:___	NAIC	INSURER E:				INSURER F:			
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INSURER E:																													
INSURER F:																													

**INSURED**  
 Legal Name of Insured (must match Contract)  
 Insured Address 1  
 Insured Address 1  
 City ST Zip

COVERAGE	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>GENL. AGGREGATE LIMIT APPLIES PER:</b> POLICY <input checked="" type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC					
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input 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) \$
C	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		State what Umbrella is over			EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N / A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ ~STATUTORY~ E.L. DISEASE - EA EMPLOYEE \$ ~STATUTORY~ E.L. DISEASE - POLICY LIMIT \$ ~STATUTORY~
D	<b>Architects/Engineers Professional Liability - Claims Made Basis</b> Installation Floater					\$2,000,000 Aggregate \$1,000,000 Each Claim See Note 8

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Board of Regents of the University of Nebraska is an additional insured.  
 RFP #3900-24-7200 2024-2025 Unit Price Contracts Program

<b>CERTIFICATE HOLDER</b> Board of Regents of the University of Nebraska 3835 Holdrege Street Lincoln, NE 68583	<b>CANCELLATION</b> 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 Licensed Agents Signature Printed Name of Agent
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If the **ACORD** form is used The University requires that policy(ies) name **"Board of Regents of the University of Nebraska"** as the certificate holder and as an additional insured.

- (1) Insert Producer's contact information issuing certificate. If more than one person or agency will issue certificates, each must complete a separate form.
- (2) The name, address and telephone number of the entity being insured. The entity name on the contract **must match** the name of the Insured on the Certificate of Insurance.
- (3) The name of the insuring company(ies) should be listed here. The company NAIC Number and **rating must also be added**. Any companies providing coverage must be a Minimum AM Best rating of A-, Class VIII. The University reserves the right to modify this requirement for any project.
- (4) General Liability insurance must be an occurrence-based policy. **The University requires that policy(ies) name "Board of Regents of the University of Nebraska" as the certificate holder and as an additional insured. Policies may not contain a "care, custody, or control" exclusion.**
- (5) Insured must have their insurer complete a Commercial General Liability Coverage endorsement form to specify that the aggregate policy limit of coverage applies to the project.

- (6) Compliance with minimum insurance requirements may be achieved through a combination of primary and excess coverage as long as the attachment point does not fall below \$100,000 per occurrence and the general aggregate is maintained. **If excess liability insurance is purchased, the Insured must indicate to which policy the coverage applies and record this information on the Certificate of Insurance.**
- (7) If the Insured is required to carry professional liability insurance, The Insured will provide claims made, project coverage as required at Insured's sole cost and expense.
- (8) If applicable, the Insured will provide and maintain "All Peril" Installation Floater Insurance for the materials, supplies, machinery, fixtures, and equipment which will become a part of the installation, erection, or fabrication as shown and described in the project Contract Documents. The Insured will provide an Installation Floater sufficient to cover the value of the installation.
- (9) Project Description includes University's project number and title. The University will provide this information.
- (10) Certificates of Insurance should be executed by a licensed insurance agent. The licensed agent's **signature** should be provided in this block. **Include a copy of the signing agent's license with the Certificate of Insurance.** See sample on next page.

**General Guidance:**

- Certificate of Insurance is required to be on file with the University prior to starting a project. Include other insurance policies that may be required. The University reserves the right to request a copy of any insurance policy issued to the Insured to verify compliance with this Certificate of Insurance. The University reserves the right, at the University's sole discretion, to modify any insurance requirement, or to reject any insurance policies which fail to meet the criteria stated herein. Additionally, the University reserves the right, at the University's sole discretion, to reject any insurer. By requiring minimum insurance coverage requirements, the University shall not be deemed or construed to have assessed the risk that may be applicable to the Insured under the Contract Documents. The Insured shall assess its own risks and, if it deems appropriate and/or prudent, maintain higher limits and/or broader coverages. The Insured is not relieved of any liability or other obligations assumed under the Contract Documents by reason of its failure to obtain or maintain insurance in sufficient amounts, durations, or types.
- The University will specify the minimum duration and minimum amount of coverage required for each project. Coverage specified may deviate from the graphic representation on the proceeding page.
- The Insured must have the insurance company issue an endorsement to their policy(ies) stating that thirty days' notice will be given to the Insured and the University, as an additional insured, before cancellation or termination. The Insured will immediately notify the University of the cancellation or termination upon receipt of termination.

The University will provide and maintain an "All Peril" Builders Risk Insurance for the structure or buildings while under construction, erection, or fabrication as shown and described in the project Contract Documents. The Insured shall bear the risk and responsibility for a \$2,000 per occurrence deductible for each claim.

The certificate issuer will submit the fully executed certificate to the appropriate location as shown below:

**University of Nebraska Mailing Address**

Board of Regents of the University of Nebraska  
 Facilities, Planning & Capital Programs  
 1901 Y Street  
 Lincoln NE 68503-2446  
 unitprice@nebraska.edu

**University of Nebraska Medical Center Mailing Address**

Board of Regents of the University of Nebraska  
 Facilities Management and Planning  
 600 S 42<sup>nd</sup> Street  
 Omaha NE 68198-7100

Additional Project Specific information, if applicable:

- Cyber Insurance Requirement Applies       Pollution Liability Insurance Applies       Railroad Contractual Liability Applies

# University of Nebraska

## CERTIFICATE OF INSURANCE FORM FOR CONTRACTOR'S ARCHITECTS' AND/OR ENGINEER'S

### UNFP 6.3.1.1.2

CERTIFICATE ISSUER  PHONE ( )	DATE EXECUTED:  THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE		
INSURED  PHONE ( )	COMPANY A LETTER  COMPANY B LETTER	COMPANY RATING  COMPANY RATING	
PROJECT DESCRIPTION  PROJECT TITLE:  PROJECT NUMBER:  LOCATION:                      CAMPUS:	COMPANY C LETTER  COMPANY D LETTER  COMPANY E LETTER	COMPANY RATING  COMPANY RATING  COMPANY RATING	

THIS IS TO CERTIFY that the above insured has been issued policy(ies) for the limits of coverage specified with the company(ies) indicated, and that, with the exception of Automobile Liability, Worker's Compensation and Professional Liability Insurance, the insured's policy(ies) name THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA as an additional insured, including waiver of subrogation.

CL	Type of Insurance Coverage	Policy Number	Policy Effective Date	Policy Expiration Date	Limits of Liability
	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made <input type="checkbox"/> Owner's & Contractor's Protective <input checked="" type="checkbox"/> General Aggregate * <input checked="" type="checkbox"/> Per Project <input type="checkbox"/> Per Location				GENERAL AGGREGATE \$3,000,000 PRODUCTS-COMP/OPS AGGREGATE \$2,000,000 PERSONAL & ADVERTISING INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (ANY ONE FIRE) \$ 50,000 MEDICAL EXPENSE (ANY ONE PERSON) \$ 5,000
	ARCHITECT'S AND/OR ENGINEER'S PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Project				GENERAL AGGREGATE \$1,000,000 EACH CLAIM \$ 5,000  DEDUCTIBLE \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability				COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$ DEDUCTIBLE \$
	EXCESS LIABILITY** <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				EACH OCCURRENCE \$ AGGREGATE \$
	<input checked="" type="checkbox"/> WORKER'S COMPENSATION				-----STATUTORY-----
	<input checked="" type="checkbox"/> EMPLOYER'S LIABILITY				-----STATUTORY-----
	OTHER <input type="checkbox"/> Installation Floater*** <input type="checkbox"/> Builder's Risk <input type="checkbox"/>				\$*** \$ \$

\* The General Aggregate limit, under Limits of Insurance, applies separately to each of your projects away from premises owned by or rented to you.  
 \*\* If excess liability insurance is purchased, the Insured must indicate to which policy the coverage applies and record this information on the Certificate of Insurance.  
 \*\*\* If applicable, the Insured will provide and maintain "All Peril" Installation Floater Insurance for the materials, supplies, machinery, fixtures, and equipment which will become a part of the installation, erection, or fabrication as shown and described in the project Contract Documents.

ISSUED TO: BOARD OF REGENTS UNIVERSITY OF NEBRASKA 3835 Holdrege Street Lincoln, NE 68583	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED OR TERMINATED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL GIVE THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, IN ADVANCE OF THE EFFECTIVE DATE OF SUCH CANCELLATION OR TERMINATION.
	AUTHORIZED SIGNATURE, TITLE, TYPED NAME

Reference: Certificate of Insurance Preparation Instructions [UNFP 6.3.1.1.3](#)