

CERTIFICATE OF INSURANCE
PREPARATION INSTRUCTIONS FOR CONTRACTOR'S, ARCHITECT'S AND/OR ENGINEER'S UNFP 6.3.1.1.3
 (Facilities)

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 LIABILITY INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

1 IMPORTANT: If the certificate holder is an individual insured, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, stated in 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 the absence of such endorsement(s).

PRODUCER Producer Name Mail Address 1 Mail Address 2 City State Zip		CONTACT Name: Producer Contact PHONE: Producer Contact Phone FAX (AIC, No): Producer Fax (AIC, No, Ext): E-MAIL: Produceremail@insurer.net	
INSURED Insured Name Insured Address Line 1 Insured Address Line 2 City State Zip		INSURER(S) AFFORDING COVERAGE INSURER A : Insurance Company Name NAIC # INSURER B : Auto Inst Company NAIC INSURER C : Umbrella Ins Company NAIC INSURER D : INSURER E : INSURER F :	

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COVERAGES **CERTIFICATE NUMBER:** Certificate Number **REVISION 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.

INSUR LTR	TYPE OF INSURANCE	ADJUST SUBR	INSQ	WVVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR Other Description							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 - COM/POP AGG \$ 2,000,000 \$
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> EACH <input type="checkbox"/> OCCUR <input type="checkbox"/> OTHER								
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRSD AUTOS ONLY NON-OWNED AUTOS ONLY							COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE \$ AGGREGATE \$
DEED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A <input type="checkbox"/> STATUTORY								
If yes, describe under DESCRIPTION OF OPERATIONS below: Architect/Engineers Professional Liability - Claims Made Basis \$ 2,000,000 Aggregate Installation Floater \$ 1,000,000 Each Claim See Note 8								
University Project # _____, University Project Title _____ The Board of Regents of the University of Nebraska is listed as an additional insured								

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CERTIFICATE HOLDER The Board of Regents of the University of Nebraska Department Name Mail Address City ST Zip	CANCELLATION 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 Agent's Signature Printed Name of Agent
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If the ACORD form is used The University requires that policy(ies) name "The 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 "The 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 \$100,000.00 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.**

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
 The Board of Regents of the University of Nebraska
 Facilities Planning & Construction
 1901 Y Street
 Lincoln NE 68588-0605

University of Nebraska Medical Center
Mailing Address
 The Board of Regents of the University of Nebraska
 Facilities Management & Planning
 600 South 42nd Street
 Omaha NE 68198-7100

Additional Project Specific information, if applicable:

Cyber Insurance Requirement Applies

Pollution Liability Insurance Applies

Railroad Contractual Liability Applies