

CERTIFICATE OF INSURANCE PREPARATION INSTRUCTIONS FOR SUPPLIERS

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, 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 favor of such endorsement(s).

PRODUCER Producer Name Mail Address 1 Mail Address 2 City State Zip INSURED Insured Name Insured Address Line 1 Insured Address Line 2 City State Zip	CONTACT Name: Producer Contact Phone (A/C No. Ext): Producer Contact Phone FAX (A/C No.): Producer Fax E-MAIL: Produceremail@insurer.net ADDRESS: 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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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	ADDITIONAL INSURED (INSR, WVR)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR Other Description	Y				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 - COMPROP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> OTHER					
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> 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 <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STAT/OTR OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Architects/Engineers Professional Liability - Claims Mad Basis Installation Floater					\$ 2,000,000 Aggregate \$ 1,000,000 Each Claim See Note 8

The Board of Regents of the University of Nebraska is listed as an additional insured

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 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.

Certificates of Insurance should be executed by a licensed insurance agent.

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.
- Provide General Aggregate Coverage of \$3,000,000 and Per Occurrence Coverage of \$1,000,000. 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:

Procurement Mailing Address

The Board of Regents of the University of Nebraska
Procurement Services
1700 Y Street
Lincoln NE 68588-0645

Additional Project Specific information, if applicable: