



As an affiliated vendor with the University of Miami (UM), we require a copy of your current Certificate of Liability Insurance (COI). Vendors should provide specific insurance for their products and/or services. Kindly provide us with a copy of the ACORD® form for your COI as we do not need a copy of your insurance policy. If you do not have a copy of this document, please contact your insurance agent.

The minimum requirements for each type of liability insurance are listed below. All vendors wishing to provide the University products and/or services are required to maintain the appropriate coverages and limits. Vendors are not required to carry all of the policies listed below, only those which apply to the product or service provided, as determined by the Office of Risk Management. Additional coverage/limits may be required for special services or activities.

**NOTE: The University of Miami must be named as an additional insured with respect to General Liability. As such, the following phrase must appear on the certificate: "The University of Miami, a non-profit corporation, is named as an additional insured with respect to general liability coverage."**

**CERTIFICATE HOLDER: (must appear exactly as below on the ACORD®)**

**University of Miami  
Risk Management  
P.O. Box 248106  
Coral Gables, FL 33124-2945**

**COMMERCIAL GENERAL LIABILITY** (required for ALL vendors)

Limits: \$1,000,000 (Each Occurrence)/\$2,000,000 (General Aggregate)

Policy Endorsements:

- Damage to Rented Premises
- Medical Expense (any one person)
- Personal & Adv. Injury
- Products – Comp/Op Aggregate
- Bodily injury/Contractual/Independent Contractors

**AUTOMOBILE LIABILITY** (required for use of commercial vehicle(s) on campus)

Limits: \$1,000,000 (Bodily Injury/Property Damage)

Policy Endorsements:

- All vehicles

**WORKERS COMPENSATION**

Statutory limits set by the State of Florida.

**LIQUOR LIABILITY** (required for service of any alcoholic beverages (e.g. beer, wine, and spirits))

May be a separate policy or included in Commercial General Liability above.

**PROFESSIONAL LIABILITY**

Policy Endorsements:

- Medical/Health  
Limits: \$1,000,000 (Each Occurrence)/\$3,000,000 (Aggregate)
- All other Professional Liability  
Limits: \$1,000,000 (Each Occurrence)/\$1,000,000 (Aggregate)

The COI must be submitted to the Student Center Complex (SCC) Events & Reservations Office at least (2) two weeks prior to the reservation event date to allow time for review and approval. The requirement to provide a valid COI will not be considered complete until the COI has been approved by the University Office of Risk Management. **If you have any questions regarding insurance requirements please contact Office of Risk Management at 305-284-3163.** Thank you in advance for your prompt response.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/30/2015

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, 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).

PRODUCER AGENCY NAME 123 MAIN ST BURBANK CA 91502	CONTACT NAME: AGENT NAME	
	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
INSURED INSURED NAME 123 MAIN ST BURBANK CA 91502	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : INSURANCE COMPANY NAME	12345
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		POLICY NUMBER	01/30/2015	01/30/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION S				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

The University of Miami, a non-profit corporation, is named as an additional insured with respect to general liability coverage.

**CERTIFICATE HOLDER****CANCELLATION**

University of Miami  
Risk Management  
P.O. Box 248106  
Coral Gables, FL 33124-2945

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

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