



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

SEXUAL MISCONDUCT (required)

Limit: \$1,000,000 (Each Occurrence)/\$3,000,000 (General Aggregate)

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)

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): Phone Number of Insurance Broker FAX (A/C. No): E-MAIL ADDRESS: Email Address of Insurance Broker/Agent													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: INSURANCE COMPANY NAME</td> <td>12345</td> </tr> <tr> <td>INSURER B: Name of Insurer</td> <td>XXXXX</td> </tr> <tr> <td>INSURER C: Name of Insurer</td> <td>XXXXX</td> </tr> <tr> <td>INSURER D: Name of Insurer</td> <td>XXXXX</td> </tr> <tr> <td>INSURER E: Name of Insurer</td> <td>XXXXX</td> </tr> <tr> <td>INSURER F: Name of Insurer</td> <td>XXXXX</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: INSURANCE COMPANY NAME	12345	INSURER B: Name of Insurer	XXXXX	INSURER C: Name of Insurer	XXXXX	INSURER D: Name of Insurer	XXXXX	INSURER E: Name of Insurer	XXXXX	INSURER F: Name of Insurer
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INSURED INSURED NAME 123 MAIN ST BURBANK CA 91502														

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			POLICY NUMBER	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Contractual Liability						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMPOP AGG \$ 1,000,000
							Liquor Liability \$ 1,000,000
B	AUTOMOBILE LIABILITY			POLICY NUMBER	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
C	UMBRELLA LIAB			POLICY NUMBER			EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DED <input type="checkbox"/> RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			POLICY NUMBER			WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/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
E	Sexual Misconduct	<input checked="" type="checkbox"/>		POLICY NUMBER	12/31/2018	12/31/2019	EACH OCCURRENCE \$1,000,000 AGGREGATE \$3,000,000

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 PO 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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