

Certificate of Insurance

Cover Sheet and Instructions

APPROVED DOCUMENT – This document is approved by the Office of the President and Office of the General Counsel for use by the Facility and is available on electronic media.

PURPOSE OF DOCUMENT:	Provides Contractor with a standard form to report compliance with Facility insurance requirements.					
CROSS-REFERENCE TO FACILITIES MANUAL:	FM4[1]:4.6.4					
CONTENTS:	Certificate of Insurance form					
FOR USE WITH:	✓	Long Form (LF)	✓	Brief Form (BF)	✓	Mini Form
COMPLETED BY:	✓	Filling in		Adding Text		No Data Required
ITS USE IS:	✓	Required		Optional		

NOTE: This is an Acrobat PDF “fill-in” form.

Completion Instructions:

1. Facility should insert the mailing address of Certificate Holder (lower left of form) as well as the Project Name (upper left) and Project No. (upper right). Note: These fields are highlighted in yellow (for example, {Street Address}). Additionally, Facility should generally fill-in the blank space in Special Provision #1 (for example, the Project Name).
2. The Contractor and its insurance agent complete the form. Note: Contractor may use the <TAB> key to move through the document and complete all applicable fields.

Modifications and Additions:

None

Comments:

1. The completed form is required before award of the contract. Substitute forms are not acceptable unless they comply with Article 11 of the General Conditions.

**EXHIBIT
CERTIFICATE OF INSURANCE**

DATE ISSUED: _____

BROKER/AGENT	COMPANIES AFFORDING COVERAGE		
	COMPANY A		
NAMED INSURED	COMPANY B		
	COMPANY C		
	COMPANY D		

COVERAGES

This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated. This certificate or verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate or verification of insurance 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (M/D/Y)	POLICY EXP. DATE (M/D/Y)	LIMITS	DEDUCTIBLE
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL FORM <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> SEVERABILITY OF INTEREST CLAUSE <input type="checkbox"/> CROSS LIABILITY CLAUSE				GENERAL AGGREGATE	\$
	PRODUCTS/COMPLETED OPERATIONS AGGREGATE				\$	
	PERSONAL & ADVERTISING INJURY				\$	
	EACH OCCURRENCE				\$	
	FIRE DAMAGE (ANY ONE FIRE)				\$	
	MEDICAL EXPENSE (ANY ONE PERSON)				\$	
						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO (CODE 1) <input type="checkbox"/> ALL OWNED AUTOS (CODE 2) <input type="checkbox"/> SCHEDULED AUTOS (CODE 7) <input type="checkbox"/> HIRED AUTOS (CODE 8) <input type="checkbox"/> NON-OWNED AUTOS (CODE 9) <input type="checkbox"/> OTHER _____				CSL	\$
	BODILY INJURY (PER PERSON)				\$	
	BODILY INJURY (PER ACCIDENT)				\$	
	PROPERTY DAMAGE				\$	
						\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER _____ <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				EACH OCCURRENCE	AGGREGATE
	\$				\$	
	PROFESSIONAL LIABILITY* <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				EACH OCCURRENCE	AGGREGATE
	\$				\$	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY*				AS REQUIRED BY FEDERAL AND CALIFORNIA LAW	

SPECIAL PROVISIONS:

*Special Provisions #1 and #2 below do not apply to this coverage.

- THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ITS OFFICERS, AGENTS, EMPLOYEES, CONSULTANTS, REPRESENTATIVES, AND REPRESENTATIVE'S CONSULTANTS ARE INCLUDED AS ADDITIONAL INSURED BUT ONLY IN CONNECTION WITH _____
- THIS INSURANCE SHALL BE PRIMARY INSURANCE AS RESPECTS THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ITS OFFICERS, AGENTS, AND EMPLOYEES. ANY INSURANCE OR SELF-INSURANCE MAINTAINED BY THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SHALL BE EXCESS OF AND NON-CONTRIBUTORY WITH THIS INSURANCE.
- THE PROVISIONS UNDER PARAGRAPHS (1&2) OF THIS SECTION, "SPECIAL PROVISIONS", SHALL APPLY TO CLAIMS, COSTS, INJURIES OR DAMAGES BUT ONLY IN PROPORTION TO AND TO THE EXTENT SUCH CLAIMS, COSTS, INJURIES, OR DAMAGES ARE CAUSED BY OR RESULT FROM THE NEGLIGENT ACTS OR OMISSIONS OF THE NAMED INSURED.
- SHOULD ANY OF THE INSURANCE PROGRAMS DESCRIBED HEREIN BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL THIRTY (30) DAYS (TEN [10] DAYS FOR NON-PAYMENT OF PREMIUM) WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW.

CERTIFICATE HOLDER: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA.

FORWARD TO:

_____{Office}, {Room Number or Mail Stop}
 _____ University of California, {Facility}
 _____ {Street Address}
 _____ {City} , {State} { Zip}

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS AUTHORIZED TO SIGN THIS CERTIFICATE AND THAT THE SPECIAL PROVISIONS DESCRIBED HEREIN HAVE BEEN MADE A PART OF THE POLICY(IES) SHOWN ABOVE.

 AUTHORIZED REPRESENTATIVE