



Understanding the Acord Certificate of Liability Insurance

1. PRODUCER:
Insurance Agent/Broker who issues certificate for the Insured; answers questions; revises certificate to meet contract requirements.

2. NAME OF INSURED: Must be the legal name of contracting entity.

3. TYPES OF INSURANCE: Must include types of insurance required by contract.

4. INSR LTR: This corresponds to the letters referenced under #14 "INSURER(S) AFFORDING COVERAGE".

5. POLICY FORM: Must indicate "Claims Made" or "Occurrence" form. Most common is "Occurrence" which means coverage applies if there are covered damages during the policy period, regardless of when the claim is made, but within the statute of limitations. "Claims Made" means notice of claim must be made during the policy period.

6. AUTO TYPE: Must indicate type of autos covered. "All Auto" is preferred to cover all types.

7. DESCRIPTION OF OPERATIONS/SPECIAL PROVISIONS

Description of Operations: Must identify project name and contract number.

Special Provisions: See ADDITIONAL REMARKS SCHEDULES, page 2 attached.

8. CERTIFICATE HOLDER: Must be the Regents of the University of California, include campus, department, and contact person. Certificate Holder does not mean that the University has been named as an Insured.

9. NOTICE OF CANCELLATION: Notice will be delivered in accordance with the policy provisions.

10. AUTHORIZED REPRESENTATIVE: Must be signed by an authorized representative of the Producer referenced under #1 above.

15. DISCLAIMER STATEMENT: A certificate only summarizes information about the Insured's insurance in effect at the time certificate is issued.

14. INSURER(S) AFFORDING COVERAGE: The insurance company providing the coverage (A, B, C, etc. corresponds to #4).

13. POLICY EFFECTIVE DATE: Must be prior to or coincide with effective date of the contract.

12. LIMITS OF INSURANCE: Must be the same or greater than required by contract. Refer to BUS 63 - Exhibit D for the appropriate limit requirements by contract, or consult local Risk Management.

11. POLICY EXPIRATION DATE: Insurance expires at 12:01AM on the Policy Expiration Date indicated. If "Occurrence" form, date must be later than the date of contract termination. If "Claims Made", coverage must remain in effect for a period not less than three years following the date of contract termination.

NOTE: Should the Policy Expiration Date indicate an earlier expiration than as required above, additional certificates are needed to evidence insurance through contract termination.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/10/2013

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 Jones Insurance Agency License #1C32505 40 E. Main Street, Suite 1100 Santa Clarita CA 94405	CONTACT NAME: Bill Jones PHONE (A/C No. Ext): 555-825-1333 FAX (A/C, No): EMAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Casualty Company of America INSURER B: Liberty Mutual Insurance Group INSURER C: Zurich American Guarantee & Liability INSURER D: Catlin Specialty Insurance Company, Inc. INSURER E: INSURER F:
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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 ENDORSEMENTS.		
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	NGA01050086-09
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE	46699898
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	JKA010-9087654
D	Professional Liability	MBP-126848

INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Professional Liability						\$1,000,000 Per Claim \$1,000,000 Policy Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
See attached pages 2 and 3.

CERTIFICATE HOLDER	CANCELLATION
The Regents of the University of California (Campus, Department, Mail Stop or Room No.) Attn: (Contact) City CA Zip	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THE FOLLOWING NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Bill Jones

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ADDITIONAL REMARKS SCHEDULE

AGENCY Bill Jones Insurance Agency		NAMED INSURED Smith Mechanical P. O. Box 41229	
POLICY NUMBER		Claymore, CA 92906	
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Special Provisions:

1. The Regents of the University of California, The University of California, University, and each of their Representatives, consultants, officers, agents, employees, and each of their Representative's consultants, regardless of whether or not identified in the Contract Documents or to the Contractor in writing, are included as additional insureds on the general liability policy as required by contract and pursuant to additional insured endorsement CG2010 (11/85) or a combination of both CG 2010 (10/01 or 07/04) and CG 2037 (10/01 or 07/04) but only in connection with (contract number) _____ (project name) _____.

2. The General Liability coverage shall contain a Severability of Interest provision and 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.

3. The Professional Liability insurance policy shall include Contractual Liability coverage for liability that would exist in the absence of the contract.



Provision #3 is required only if professional services are being provided under the contract.