



GENERAL INSURANCE REQUIREMENTS FOR NON-UNIVERSITY ORGANIZATIONS

Official Policy

The Nevada System of Higher Education (NSHE) policy requires outside users of NSHE/UNLV facilities to provide a certificate of insurance naming the “NSHE Board of Regents on behalf of UNLV” as additional insured. The certificate of insurance must provide general liability coverage of at least \$1,000,000 combined single limit per occurrence and \$2,000,000 annual aggregate. Additional coverages may be necessary based on the operations and activities of the events contracted.

Who Needs Insurance?

General Liability coverage is required for every event coordinated by a Non-University Organization. Based on the operations and activities of each event. Additional insurance requirements may apply, including but not limited to automobile liability and workers compensation insurance. Please review the “What Type of Insurance?” section below for details.

What Type of Insurance?

User shall procure and maintain throughout the term of this Contract, including any extensions or renewals, the following policies of insurance:

1. Insurance

a. **Commercial General Liability Insurance:** User shall maintain commercial general liability insurance that includes coverage for but not limited to premises/operations, products/completed operations, personal injury and property damage in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate. Coverage shall be at least as broad as the latest version of the Insurance Services Office (ISO) form CG 00 01 .

b. **Automobile Liability Insurance:** User shall maintain automobile liability insurance in the amount of \$500,000 Combined Single Limit per occurrence. Coverage shall include owned, non-owned, and hired vehicles and be written on the latest version of the ISO form CA 00 01 or a substitute providing equal or broader liability coverage.

c. **Workers Compensation Insurance:** User shall maintain workers’ compensation insurance with employer liability limits of at least \$100,000 per occurrence and for occupational disease. Workers’ Compensation Insurance is required by law for anyone with employees. Sole proprietors and corporate officers can waive coverage by providing a mandatory affidavit available from UNLV. All Users and sub-contractors providing services shall provide proof of Workers’ Compensation insurance as required by NRS 616B.627 or proof that compliance with the provisions of Nevada Revised Statutes, Chapter 616A-D and all other related chapters, is not required. A signed and notarized affidavit rejecting WC coverage for sole proprietors and corporate employees is required.

d. **Sexual/Physical Abuse or Molestation Liability Insurance:** If User has participants under the age of 18 years old, User shall maintain Sexual/Physical Abuse or Molestation Liability insurance in the amount of \$1,000,000 Combined Single Limit per occurrence.

2. **Deductibles:** All insurance maintained by User shall apply on a first dollar basis without application of a deductible or self-insured retention, which shall not exceed \$100,000 per occurrence unless otherwise specifically agreed to by UNLV. This requirement shall not relieve User from the obligation to pay any deductible or self-insured retention.

3. **Mandatory Endorsements:** All insurance policies required of User by this Contract shall include the following endorsements:

a. **Primary Coverage Endorsement:** Primary Coverage Endorsement: User's insurance coverage shall be primary over any other applicable insurance coverage available. Any insurance or self-insurance available to the Board of Regents of the Nevada System of Higher Education on behalf of UNLV shall be in excess of and non-contributing with any insurance required by User.

b. **Additional Insured Endorsement:** The Board of Regents of the Nevada System of Higher Education on behalf of University of Nevada Las Vegas at 4505 S. Maryland Parkway, Las Vegas, NV 89154 shall be named as additional insured on the Commercial General Liability policy by endorsement. The Additional Insured endorsement shall be on the latest ISO form CG 20 10 (see example below).

c. **Waiver of Subrogation Endorsement:** User waives all subrogation rights against the Board of Regents of the Nevada System of Higher Education on behalf of UNLV.

d. **Policy Cancellation Endorsement:** Except for ten (10) days notice for non-payment of premium, each insurance policy shall be endorsed to specify that, without sixty (60) days prior written notice to UNLV, the policy shall not be canceled, non-renewed, or coverage and/or limits reduced or materially altered. The endorsement shall also provide that notices required by this paragraph be sent by certified mail to the UNLV point of contact identified in the notices section of this contract. A copy of this signed endorsement must be attached to the Certificate of Insurance.

Additional Insurance Information:

NSHE/UNLV is willing to accept statements of self-insurance from other governmental agencies since many have been receptive to accepting NSHE/UNLV's statement of self-insurance when using their facilities.

NSHE/UNLV will continue to use the State Government Organizational Chart as shown in the current edition of the Nevada State Administration Manual. Various agencies participate in the same self-insurance program as NSHE/UNLV, however, we will need proof of self insurance from that agency.

Regarding liability insurance coverage for NSHE/UNLV within the State self-insurance program, the criteria for determining a NSHE/UNLV sponsored activity, group, or event and the level of control exerted by NSHE/UNLV have been based on payroll and finances. To qualify as a NSHE/UNLV sponsored activity, any generated revenue must be deposited into an appropriate NSHE Business Center account (checks payable to NSHE Board of Regents), and all related expenses must be disbursed from this account in accordance with NSHE regulations and procedures.

Employees and volunteers must adhere to established NSHE and State procedures for the employment and supervision of individuals, regardless of their roles. The facility supervisor should obtain written confirmation from the relevant institutional departmental director or academic dean to confirm sponsorship of the event.

Any student government (e.g. Consolidated Students of UNLV or CSUN) or university-sponsored event would be covered by the State of Nevada self-insurance program. If there is a joint sponsorship between CSUN and a student organization, the state self-insurance would only extend to CSUN. Student Organizations, recognized by CSUN, are not officially covered by the self-insurance program. Fraternities and sororities fall into the category of “recognized” student organizations and the self-insurance program would not extend coverage to them.

The Vice President for Student Affairs may waive the insurance requirement for “recognized” organizations for their regular meetings and low-risk campus activities if requested in writing at least thirty (30) college working days before the scheduled event.

Where Do I Obtain Insurance?

Insurance can be obtained through an insurance agent of the organization’s choice. Listed below are a few possible insurance providers in the area:

**University Risk Management & Insurance Association
(URMIA) - For single event coverage**

Arthur J. Gallagher Risk Management Services, Inc.
6300 S. Syracuse Way
Suite 700
Centennial, CO 80111
844-226-6097
Denver.bsd.tulip@ajg.com
<https://tulip.ajgrms.com/>

Insuremart

2655 S RAINBOW BLVD #310
LAS VEGAS, NV 89146
Telephone +1 702-795-1777
Toll-Free +1 866-806-9777
Fax +1 702-386-8777
E-mail info@insuremart.net
<https://www.insuremart.net/>

American Specialty Insurance & Risk Services, Inc.

7609 W Jefferson Blvd, Ste 100
Fort Wayne, Indiana 46804-4133
Toll-Free: 800-245-2744
Phone: 260-969-5203
E-mail: contact@americanspecialty.com
www.amerspec.com

Tom Molloy Insurance

9708 S. Gilespe Street, A-104 Silverado Ranch & Gilespe St.
Las Vegas, Nevada 89183
Office: 702-877-6688
Fax: 702-877-6242
Email: Tom Molloy
<http://tommolloyinsurance.com/>

Francis L Dean & Associates LLC

12800 University Drive
Suite 125
Fort Myers, FL 33907
Phone: 1-800-745-2409
Fax: 1-630-665-7294
<https://fdean.com/>



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	CONTACT NAME:	
	PHONE (A/C, No., Ext):	FAX (A/C, No.):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	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, **All policies must be active on dates of event**. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN. THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					Must be checked These limits are required for ALL EVENTS hosted at UNLV	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					These limits are required for ANY group utilizing owned, non-owned and/or hired vehicles during the course of the event (including load-in and load-out)	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE QED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					These limits are required for any formal entity utilizing employees at any point in their event	WC STATUTORY LIMITS OTH-ER EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 500,000 PER CLAIM \$ 500,000 MINIMAL AGGREGATE \$ 1,000,000
	PROFESSIONAL LIABILITY (IF APPLICABLE)						

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

CERTIFICATE HOLDER Board of Regents Nevada System of Higher Education 4505 Maryland Parkway Las Vegas, NV 89154	All certificates need to use this language to name Board of Regents as additional insured	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.	Signature must be present AUTHORIZED REPRESENTATIVE
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Example Endorsement #1

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Board of Regents Nevada System of Higher Education 4505 Maryland Parkway Las Vegas, NV 89154	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.