

# 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 should 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?

### General liability coverage

- \$1,000,000 (1 million dollars) combined single limit per occurrence and \$2,000,000 (2 million dollars) annual aggregate
- Deductibles for insurance maintained by outside users shall not exceed \$5,000 per occurrence unless specifically agreed to by UNLV
- Certificate must name the “NSHE Board of Regents on behalf of UNLV” as additional insured
- Certificate must be presented to the Student Union & Event Services (SUES) office at least fourteen (14) days prior to the date of the event

### Automobile liability insurance

Automobile liability coverage will be required if owned, non-owned, and/or hired vehicles will be utilized during the course of your event. This includes load-in and load-out procedures.

- \$1,000,000 (1 million dollars) combined single limit per occurrence

### Workers’ compensation insurance

Workers’ compensation insurance will be required by law for any formal entity utilizing employees at any point in their event. Sole proprietors and corporate officers can waive this coverage by providing a mandatory notarized affidavit available from UNLV.

- \$100,000 (100 thousand dollars) per occurrence and for occupational disease

## Why Do I Need Insurance?

Please read the full policy contained in the “Additional Insurance Information” section below.

## Where Can I Find Out More?

Please speak with the SUES office about your event’s specific requirements, by phone at (702) 895-4449 or by e-mail at [eventservices@unlv.edu](mailto:eventservices@unlv.edu).

## 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.

In reviewing requests from other State of Nevada agencies, NSHE/UNLV will continue to use the State Government Organizational Chart as shown in the current edition of the Nevada State Administration Manual. Since the various agencies participate in the same self-insurance

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program as NSHE/UNLV, there is no need to require a certificate of insurance from those agencies included in the chart.

In regards to NSHE/UNLV liability insurance coverage as part of the State self-insurance program, the criteria established to assist with the determination of a NSHE/ UNLV sponsored activity, group, or event and control by NSHE/UNLV as part of its normal activities and operations have been payroll and finances. For an activity, group, or event to be a NSHE/UNLV sponsored activity, any revenue generated should be deposited into an appropriate NSHE Business Center account (checks made payable to the NSHE Board of Regents) and any expenditures incurred in support of this activity disbursed from this account in accordance with NSHE regulations and procedures. In addition, employees and volunteers should comply with established NSHE and State procedures for the employment and supervision of individuals, whether as employees or volunteers. The facility supervisor should request written confirmation from the appropriate institutional departmental director or academic dean of sponsorship of the event.

Any student government (e.g. CSUN) or university-sponsored event would be covered by the self-insurance program of the State of Nevada. In the event of joint sponsorship between CSUN and a student organization, the self-insurance would only extend to CSUN. Student Organizations, recognized by CSUN, are not officially covered by the self-insurance program. Fraternities and sororities would also fall into the category of "recognized" organizations and the self-insurance program would not extend 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:

#### **American Specialty Insurance Services**

142 N Main ST  
Roanoke, IN 46783  
Phone (260) 672-8800  
Fax (260) 672-8835  
[www.amerspec.com](http://www.amerspec.com)

#### **Francis L. Dean & Associates, Inc.**

880 Apollo Street, STE 215  
El Segundo, CA 90245  
Phone (888) 416-9091  
[www.fdeanca.com](http://www.fdeanca.com)

#### **Insurmart**

124 S 6<sup>th</sup> ST STE 150  
Las Vegas, NV 89101  
Phone (702) 795-1777  
[www.insurmart.com](http://www.insurmart.com)

#### **Tom Molloy Insurance**

9708 S Giles pie ST STE A-104  
Las Vegas, NV 89183  
Phone (702) 877-6688  
Fax (702) 877-6242  
[www.tommolloyinsurance.com](http://www.tommolloyinsurance.com)

Revised 09/14



# 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 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
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$500,000
	<b>PROFESSIONAL LIABILITY (IF APPLICABLE)</b>						PER CLAIM \$500,000
							MINIMAL AGGREGATE \$1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Board of Regents  
Nevada System of Higher Education  
4505 Maryland Parkway  
Las Vegas, NV 89154

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