

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 |
| | INSURER(S) AFFORDING COVERAGE NAIC # |
| · | INSURER A: |
| INSURED | 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 INSD WVD POLICY NUMBER | (MM/DD/YYYY) (MM/DD/YYYY) |
| COMMERCIAL GENERAL LIABILITY | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED |
| CLAIMS-MADE X OCCUR | PREMISES (Ea occurrence) 5 |
| | MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 |
| | 0.000.000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | GENERAL AGGREGATE |
| POLICY PRO- LOC | PRODUCTS - COMPTOP AGG \$ \$ |
| OTHER: AUTOMOBILE LIABILITY | COMBINED SINGLE LIMIT \$ 1,000,000 (Ea accident) |
| | BODILY INJURY (Per person) \$ |
| ANY AUTO ALL OWNED ALLOWNED ALLOS ALLOS | BODILY INJURY (Per accident) \$ |
| NON-OWNED | PROPERTY DAMAGE (Per accident) \$ |
| HIRED AUTOS AUTOS | \$ |
| X UMBRELLA LIAB X OCCUR X X | EACH OCCURRENCE \$ |
| EXCESS LIAB CLAIMS-MADE | AGGREGATE \$10,000,000 |
| DED RETENTION\$ | PER OTH- |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | 400,000 |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | E.E. Elentricological |
| (Mandatory in NH) If yes, describe under | E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| PROFESSIONAL LIABILITY | PER CLAIM |
| PROJECT SPECIFIC | 12.135 |
| (IF APPLICABLE) | MINIMAL AGGREGATE \$10,000,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ENDORSEMENTS/SPECIAL PROVISIONS | |
| CERTIFICATE HOLDER | CANCELLATION |
| BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION 3200 EAST CHEYENNE AVE | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| NORTH LAS VEGAS, NEVADA 89030 | AUTHORIZED REPRESENTATIVE |
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