

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.

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

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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:

University Risk Management & Insurance Association (URMIA)

<https://tulip.ajgrms.com>

American Specialty Insurance Services

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

Francis L. Dean & Associates, Inc.

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

Insurmart

124 S 6th ST STE 150
Las Vegas, NV 89101
Phone (702) 795-1777
www.insurmart.com

Tom Molloy Insurance

9708 S Gilespeie ST STE A-104
Las Vegas, NV 89183
Phone (702) 877-6688
Fax (702) 877-6242
www.tommolloyinsurance.com

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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, THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

All policies must be active on dates of event

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							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						\$
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)						WC STATU-TORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							E.L. EACH ACCIDENT \$100,000
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$500,000
	PROFESSIONAL LIABILITY (IF APPLICABLE)						PER CLAIM \$500,000
							MINIMAL AGGREGATE \$1,000,000

Must be checked

These limits are required for ALL EVENTS hosted at UNLV

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)

These limits are required for any formal entity utilizing employees at any point in their event

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

All certificates need to use this language to name UNLV/NSHE as additional insured

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

Signature must be present

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.