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.
GENERAL INSURANCE REQUIREMENTS
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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.aigrms.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 Gilespie ST STE A-104
Las Vegas, NV 89183
Phone (702) 877-6688
Fax (702) 877-6242
www.tommolloyinsurance.com

Revised 05/15
### Certificate of Liability Insurance

**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**
- NAME:
- PHONE (A/C, No. Ext.):
- FAX (A/C, No. Ext.):
- E-MAIL ADDRESS:

**INSURED**
- INSURER A:
- INSURER B:
- INSURER C:
- INSURER D:
- INSURER E:
- INSURER F:

**COVERAGES**

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**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

**CANCELLATION**
- All certificates need to use this language to name UNLV/NSHE as additional insured
- Signature must be present

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THERE 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)** | **Location(s) Of Covered Operations** |
| Board of Regents                  | Board of Regents                |
| Nevada System of Higher Education | Nevada System of Higher Education |
| 4505 Maryland Parkway             | 4505 Maryland Parkway           |
| Las Vegas, NV 89154              | 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.