## Certificate of Liability Insurance – Sample Form



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MMOD/YYYY) 2.9.2024

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.

MADORIANT. If the codificate helder is an ADDITIONAL INSURED the policylins) must be endorsed. If SURROGATION IS WAIVED subject to

PRODUCER						CONTACT NAME: John Hancock				
Superstar Insurance Brokerage Firm 5300 Cielo Vista dr. Austin, TX 78724						PHONE (A/C, No. Ext): 512-499-4545 (A/C, No.): 512-499-4554				
						INSURER(S) AFFORDING COVERAGE			12777	
						INSURER A : Chubb Indemnity Insurance Company				
						INSURER B : ACE American Insurance Company			22667	
						XY.	Z Company, Inc.			
15 Flats Street Houston, TX 77008					mounts.				53578	
					INSURER E:					
_					INSURER F:					
OVE			CATE NU					REVISION NUMBER:		
NDI	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCI	EQUIF PERT	AIN, THE	FERM OR CONDITION INSURANCE AFFORE	OF ANY	CONTRACT THE POLICIE REDUCED BY	OR OTHER E S DESCRIBE PAID CLAIMS	OCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL	WHICH THIS	
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-									10,000	
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12					11				00,000	
15								S S	00,000	
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-			l vace					BODILY INJURY (Per socident) \$		
-			Y					PROPERTY DAMAGE .		
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	EXCESS LIAB CLAIMS-MAD	Y	Y						00,000	
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WORKERS COMPENSATION AND EMPLOYERS' LIBBILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) If yes, disporbe under DESCRIPTION OF OPERATIONS below		1						TORY LIMITS ER		
		N/A						E.L. EACH ACCIDENT \$		
		4						E L DISEASE - EA EMPLOYEE \$		
								EL DISEASE - POLICY LIMIT \$		
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The are Sys	PTION OF OPERATIONS / LOCATIONS / VEHI curiversity of Texas SystemBoard of Regents, and the curious systems as required by with stem. The University of Texas at Tylor, and The brella Liability is follow-form. many and Non-Contributory coverage is provide	The Un ritten oc Univers	iversity of Te intract. A Wi sity of Texas	exas System, The Universit aiver of Subrogation in favo Health Science Center at 1	y of Texas	at Tyler, and The	University of Te	oxas Health Science Center at Tyler of Regents, The University of Texas		
CERTIFICATE HOLDER						CANCELLATION				
The University of Texas System Board of Regents The University of Texas System The University of Texas at Tyler					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.					
	The University of Texas at Tyle The University of Texas Health		ce Cente	r at Tyler	AUTHO	RIZED REPRESE	NYATIVE			

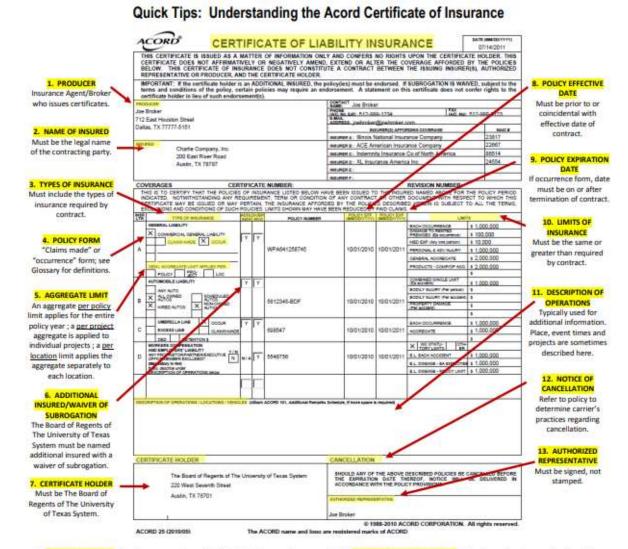
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## Certificate of Liability Insurance – Quick Tips



- THE PRODUCER: Produces or orders Certificate for Insured; answers questions, revises certificate to meet contract requirements.
- 2. NAME OF INSURED: Must be legal name of contracting party.
- 3. TYPES OF INSURANCE: Must include types required by contract.
- POLICY FORM: Will indicate claims-made or occurrence form; see
   Policy Expiration Date" for additional information.
- AGGREGATE LIMIT: An aggregate <u>per policy</u> limit applies for the entire policy period (usually one year); a <u>per project</u> aggregate is applied to individual projects; a <u>per location</u> limit applies the aggregate separately to each location.
- ADDITIONAL INSURED/WAIVER OF SUBROGATION: The certificate must include a "Y" for additional insured and waiver of subrogation.
- CERTIFICATE HOLDER: Must be the Board of Regents of The University of Texas System; address must include campus, department and contact person.

- POLICY EFFECTIVE DATE: Must be prior to or coincidental with effective date of contract.
- 9. POLICY EXPIRATION DATE: For "occurrence" form coverage, date should be on or after the termination date of contract. If "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.
- 10. LIMITS OF INSURANCE: Must be same or greater than required by contract.
- <u>DESCRIPTION OF OPERATIONS:</u> Review information in this section to determine it is consistent with contract.
- NOTICE OF CANCELLATION: Refer to policy to determine carrier's practices regarding cancellation.
- <u>AUTHORIZED REPRESENTATIVE</u>: Must be signed by an authorized representative of Producer.

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