

# APPENDIX A

## Certificate of Liability Insurance – Sample Form



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDD/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.**

**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).**

<b>PRODUCER</b> Superstar Insurance Brokerage Firm 5300 Cielo Vista dr. Austin, TX 78724	<b>CONTACT NAME:</b> John Hancock		
	<b>PHONE (A/C, No, Ext):</b> 512-499-4545	<b>FAX (A/C, No):</b> 512-499-4554	
<b>E-MAIL ADDRESS:</b> jhancock@superstar.com			
<b>INSURED</b> XYZ Company, Inc. 15 Flats Street Houston, TX 77008	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Chubb Indemnity Insurance Company		12777
	INSURER B: ACE American Insurance Company		22667
	INSURER C: Liberty Mutual Fire Insurance Company		23035
	INSURER D: Evanston Insurance Company		53578
	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	ADDITIONAL INSURER	INSURER	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	Y				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	Y				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB  <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	Y				EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A					<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The University of Texas System Board of Regents, The University of Texas System, The University of Texas at Tyler, and The University of Texas Health Science Center at Tyler are named as Additional Insureds as required by written contract. A Waiver of Subrogation in favor of The University of Texas System Board of Regents, The University of Texas System, The University of Texas at Tyler, and The University of Texas Health Science Center at Tyler as required by written contract.

Umbrella Liability is follow-form.

Primary and Non-Contributory coverage is provided as required by written contract.

<b>CERTIFICATE HOLDER</b> The University of Texas System Board of Regents The University of Texas System The University of Texas at Tyler The University of Texas Health Science Center at Tyler  3900 University Blvd. Tyler, TX 75799	<b>CANCELLATION</b> 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 **Authorized Representative Signature - NOT A STAMP**
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# APPENDIX A

## Certificate of Liability Insurance – Quick Tips

### Quick Tips: Understanding the Acord Certificate of Insurance

**1. PRODUCER**  
Insurance Agent/Broker who issues certificates.

**2. NAME OF INSURED**  
Must be the legal name of the contracting party.

**3. TYPES OF INSURANCE**  
Must include the types of insurance required by contract.

**4. POLICY FORM**  
"Claims made" or "occurrence" form; see Glossary for definitions.

**5. AGGREGATE LIMIT**  
An aggregate per policy limit applies for the entire policy year; a per project aggregate is applied to individual projects; a per location limit applies the aggregate separately to each location.

**6. ADDITIONAL INSURED/WAIVER OF SUBROGATION**  
The Board of Regents of The University of Texas System must be named additional insured with a waiver of subrogation.

**7. CERTIFICATE HOLDER**  
Must be The Board of Regents of The University of Texas System.

**CERTIFICATE OF LIABILITY INSURANCE**
DATE: 08/01/2011  
07/16/2011

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 endorsements.

<b>PRODUCER</b> Joe Broker 712 East Houston Street Dallas, TX 77777-6181	<b>COMPANY</b> Name: Joe Broker Phone: 517-209-1234 FAX: 517-209-1234 Address: jbroker@jbroker.com INSURER(S) APPROVING COVERAGE: NAIC # Insurer a: Illinois National Insurance Company 23817 Insurer b: ACE American Insurance Company 22667 Insurer c: Intermity Insurance Co of North America 86514 Insurer d: XL Insurance America Inc. 24504 Insurer e:
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**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED HEREON 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 HEREON IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	DESCRIPTION	POLICY NUMBER	EFFECTIVE DATE	EXPIRES DATE	LIMITS	
					AMOUNT	COINSURANCE
A GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	WPA641266740	10/01/2010	10/01/2011	EACH OCCURRENCE	\$ 1,000,000
	PRODUCTS (As insured)				\$ 100,000	
	VED EXP (As insured)				\$ 10,000	
	PERSONAL & AUTO LIABILITY				\$ 1,000,000	
B AUTOMOBILE LIABILITY	GENERAL LIABILITY	8812545-BDF	10/01/2010	10/01/2011	GENERAL AGGREGATE	\$ 2,000,000
	PRODUCTS - COMPROP AGG				\$ 2,000,000	
	COVERED VEHICLE LIABILITY (As insured)				\$ 1,000,000	
	BODILY INJURY (Per person)				\$	
C UMBRELLA LINE EXCESS LIABILITY	UMBRELLA LINE	886647	10/01/2010	10/01/2011	EACH OCCURRENCE	\$ 1,000,000
	AGGREGATE				\$ 1,000,000	
	AGGREGATE				\$	
	AGGREGATE				\$	
D EMPLOYERS COMPENSATION AND EMPLOYERS LIABILITY	EMPLOYERS COMPENSATION AND EMPLOYERS LIABILITY	0548750	10/01/2010	10/01/2011	E.L. EACH ACCIDENT	\$ 1,000,000
	E.L. DISEASE - SA BENEFIT				\$ 1,000,000	
	E.L. DISEASE - MEDICAL COST				\$ 1,000,000	
	E.L. DISEASE - POLICY LIMIT				\$ 1,000,000	

**DESCRIPTION OF OPERATIONS (LOCATIONS / VEHICLES)** (Refer ACORD 101, ADDITIONAL Remarks, Endorsements, if more space is required)

**CERTIFICATE HOLDER:** The Board of Regents of The University of Texas System  
220 West Seventh Street  
Austin, TX 78701

**CANCELLATION:** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE MUST BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE:** Joe Broker

**8. POLICY EFFECTIVE DATE**  
Must be prior to or coincidental with effective date of contract.

**9. POLICY EXPIRATION DATE**  
If occurrence form, date must be on or after termination of contract.

**10. LIMITS OF INSURANCE**  
Must be the same or greater than required by contract.

**11. DESCRIPTION OF OPERATIONS**  
Typically used for additional information. Place, event times and projects are sometimes described here.

**12. NOTICE OF CANCELLATION**  
Refer to policy to determine carrier's practices regarding cancellation.

**13. AUTHORIZED REPRESENTATIVE**  
Must be signed, not stamped.

- 1. 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.
- 4. POLICY FORM:** Will indicate claims-made or occurrence form; see "9. Policy Expiration Date" for additional information.
- 5. AGGREGATE LIMIT:** An aggregate per policy limit applies for the entire policy period (usually one year); a per project aggregate is applied to individual projects; a per location limit applies the aggregate separately to each location.
- 6. ADDITIONAL INSURED/WAIVER OF SUBROGATION:** The certificate must include a "Y" for additional insured and waiver of subrogation.
- 7. CERTIFICATE HOLDER:** Must be the Board of Regents of The University of Texas System; address must include campus, department and contact person.
- 8. 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.
- 11. DESCRIPTION OF OPERATIONS:** Review information in this section to determine it is consistent with contract.
- 12. NOTICE OF CANCELLATION:** Refer to policy to determine carrier's practices regarding cancellation.
- 13. AUTHORIZED REPRESENTATIVE:** Must be signed by an authorized representative of Producer.