



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
< 30 days

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 have ADDITIONAL INSURED provisions or 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	Agency's Name Agency's Address	CONTACT NAME: Agency's Contact Name	FAX (A/C, No): Agents Fax
		PHONE (A/C, No, Ext): Agent's Phone #	E-MAIL ADDRESS: Agent's Email
INSURED	Business' Name Business' Address	INSURER A: Insurance Company #1	NAIC # 11111
		INSURER B: Insurance Company #2	22222
		INSURER C: Insurance Company #3	33333
		INSURER D: Insurance Company #4	44444
		INSURER E:	
INSURER F:			

The business' name must match the name on the business license.

COVERAGES CERTIFICATE NUMBER: 24-25 GL Master 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	Y	Y	Insurance Policy Number	Policy Effective Date	Policy Expiration Date	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY	Y	Y	Insurance Policy Number	Policy Effective Date	Policy Expiration Date	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> OWNED AUTOS ONLY						
	<input type="checkbox"/> HIRED AUTOS ONLY						
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	EXCESS LIAB						BODILY INJURY (Per person) \$
	DED RETENTION \$						BODILY INJURY (Per accident) \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A	Insurance Policy Number	Policy Effective Date	Policy Expiration Date	PROPERTY DAMAGE (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
	If yes, describe under DESCRIPTION OF OPERATIONS below						
D							EACH OCCURRENCE \$
							AGGREGATE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The University of Florida Board of Trustees is listed as an Additional Insured with respect to the General Liability and Auto Liability.

CERTIFICATE HOLDER

CANCELLATION

The University of Florida Board of Trustees
Po Box 112190
Gainesville, FL 32611

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

Agent's Signature