

CERTIFICATE OF LIABILITY INSURANCE

< 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		NAME: Agency's Contact Name				
	Agency's Name	PHONE (A/C, No. Ext): Agent's Phone #	(A/C. No): Age	gents Fax		
	Agency's Address	ADORESS: Agent's Email				
				NAIC#		
		INSURER A: Insurance Company #1	11111			
INSURED	Business' Name Business' Address	INSURER B: Insurance Company #2	22222			
		INSURER C: Insurance Company #3	33333			
		INSURER D: Insurance Company #4	44444			
The business' name must match the name on the business license.		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 24-25 G	Master REVISION	NUMBER:			

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	ADUL	ULISUBRI I POLICYEFE										
COMMERCIAL GENERAL LIABILITY		WVD	POLICY NUMBER	(MINUDUITITY)	(MM/DD/YYYY)	EACH OCCURRENCE	s 1,000,000					
CLAIMS-MADE X OCCUR		Y	Insurance Policy Number		Policy Expiration Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000					
A						MED EXP (Any one person)						
						PERSONAL & ADV INJURY	\$ 1,000,000					
GENTL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000					
X POUCY PRO-	roc					PRODUCTS - COMPIOP AGG	\$					
OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT						
	Y	Y	Insurance Policy Number		Policy Expiration	(Ea accident)	\$ 500,000					
ANY AUTO OWNED SCI	HEDULED	-		Policy Effective Date		BOOILY INJURY (Per person)						
B OWNED SCHEDULED AUTOS ONLY AUTOS HRRED NON-OWNED AUTOS ONLY AUTOS ONLY						BOOILY INJURY (Per accident)	\$					
						PROPERTY DAMAGE (Per accident)	\$					
							\$					
UMBRELLA LIAB	OCCUR					EACH OCCURRENCE	\$					
EXCESS LIAB CLAIMS-MADE						AGGREGATE	S					
DED RETENTION \$						1886 188	S					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE C (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Insurance Policy Number	Policy Effective Date	Policy Expiration Date	X PER OTH-						
						E.L. EACH ACCIDENT	S					
						E.L. DISEASE - EA EMPLOYEE	s					
						E.L. DISEASE - POLICY LIMIT	s					
D Liquor Liability		Y	Insurance Policy Number	Policy Effective Date	Policy Expiration Date	EACH OCCURENCE GENERAL AGGREGATE	\$ 1,000,000 \$ 1,000,000					
							If applicable.					
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.												
All policies also include	a Waiver of S	ubro	gation for the Univeristy of	Florida Bo	ard of Trus	tees.						
All policies include a 20	day Notice of	Can	cellation for the University	of Florida	Board of Tr	uctooc						
All policies include a 30-	-uay Notice of	Carl	cellation for the University	or Florida I	Doald Of T	usices.						
CERTIFICATE HOLDER CANCELLATION												

CANCELLATION 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

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