



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

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 | ADDITIONAL INSURED | SUBROGATION | POLICY NUMBER | POLICY EFF DATE (MM/DD/YYYY) | POLICY EXP DATE (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|-------------|-------------------------|------------------------------|------------------------------|--|
| A | COMMERCIAL GENERAL LIABILITY | | | | | | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | Y | Y | Insurance Policy Number | Policy Effective Date | Policy Expiration Date | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ OTHER \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | |
| | OTHER | | | | | | |
| B | AUTOMOBILE LIABILITY | | | | | | |
| | <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | Y | Y | Insurance Policy Number | Policy Effective Date | Policy Expiration Date | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$ |
| | | | | | | | |
| | | | | | | | |
| | UMBRELLA LIAB | | | | | | |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ DED \$ RETENTION \$ |
| | | | | | | | |
| | | | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | Insurance Policy Number | Policy Effective Date | Policy Expiration Date | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$ |
| | | | | | | | |
| | | | | | | | |
| D | Liquor Liability | | Y | Insurance Policy Number | Policy Effective Date | Policy Expiration Date | EACH OCCURRENCE \$ 1,000,000 GENERAL AGGREGATE \$ 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 Subrogation for the University of Florida Board of Trustees.

All policies include a 30-day Notice of Cancellation for the University of Florida Board of Trustees.

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

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