SAMPLE - CONTRACTOR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/22/2014

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).

PRODUCER		CONTACT NAME:					
Your Agency Name		PHONE (A/C, No, Ext):	FAX (A/C, No):				
Your Agency Address		E-MAIL ADDRESS:					
		PRODUCER CUSTOMER ID #:					
City s	T ZIP	INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURED		INSURER A :Company A					
		INSURER B :Company B					
Named Insured		INSURER C :Company C					
		INSURER D :Company D					
Your Address		INSURER E :Company E					
City s	T ZIP	INSURER F:					

COVERAGES CERTIFICATE NUMBER: "Sample" 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	SUBR		POLICY EFF (MM/DD/YYYY)		LIMIT	s	
LIK		IERAL LIABILITY	INSK	WVD	TOLIOT HOMBER	(WINVED/TTTT)	(MIM/DD/1111)	EACH OCCURRENCE	\$	1,000,000
	x	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A		CLAIMS-MADE X OCCUR	x	x	Policy Number	Eff Date	Exp Date	MED EXP (Any one person)	\$	5,000
	x	Includes Contractual						PERSONAL & ADV INJURY	\$	1,000,000
	x	IncludesAbuse/Molestatio						GENERAL AGGREGATE	\$	2,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
*		POLICY x PRO- JECT LOC							\$	
	AUT X	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
_	^	ANY AUTO	xx		Policy Number	Eff Date	Exp Date	BODILY INJURY (Per person)	\$	
В		ALL OWNED AUTOS		x	rolley Number			BODILY INJURY (Per accident)	\$	
		SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		NON-OWNED AUTOS						PIP-Basic	\$	
								Underinsured Motorists	\$	
С	x	UMBRELLA LIAB X OCCUR	x	х				EACH OCCURRENCE	\$ See	contract
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ for	required
		DEDUCTIBLE							\$Umbr	ellaLimit
	x	RETENTION \$ 10,000			Policy Number	Eff Date	Exp Date		\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							x WC STATU- TORY LIMITS OTH- ER		
		PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$	100,000
	(Mai	ndatory in NH)			Policy Number	Eff Date	Exp Date	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	DES	s, describe under CRIPTION OF OPERATIONS below		x				E.L. DISEASE - POLICY LIMIT	\$	500,000
E	Pr	ofessional Liability			Policy Number	Eff Date	Exp Date	Each Claim Limit:	\$	1,000,000
	(I	f required by contract)								

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

Lynn University, Inc. is Additional Insured as respects General Liability and Auto Liability policies. Waiver of Subrogation applies in favor of Lynn University, Inc. under the General Liability and Auto Liability policies. Waiver of Subrogation applies under the Workers Compensation policy.

CERTIFICATE HOLDER	CANCELLATION
Lynn University, Inc. 3601 North Military Trail Boca Raton, FL 33431	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