



# SAMPLE - ARCHITECT / ENGINEER CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/20/2015

**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> Your Agency Name Your Agency Address  City                      ST    ZIP	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext):                      FAX (A/C. No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:														
<b>INSURED</b>  Named Insured  Your Address City                      ST    ZIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : <b>Company A</b></td> <td></td> </tr> <tr> <td>INSURER B : <b>Company B</b></td> <td></td> </tr> <tr> <td>INSURER C : <b>Company C</b></td> <td></td> </tr> <tr> <td>INSURER D : <b>Company D</b></td> <td></td> </tr> <tr> <td>INSURER E : <b>Company E</b></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Company A</b>		INSURER B : <b>Company B</b>		INSURER C : <b>Company C</b>		INSURER D : <b>Company D</b>		INSURER E : <b>Company E</b>		INSURER F :	
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INSURER E : <b>Company E</b>															
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	Eff Date	Exp Date	MED EXP (Any one person) \$ <b>5,000</b>
	<input checked="" type="checkbox"/> Includes Contractual <input checked="" type="checkbox"/> Includes Sexual Abuse/Molestation						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
<b>*</b>	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
<b>B</b>	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	Eff Date	Exp Date	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PIP-Basic \$
	<input type="checkbox"/> NON-OWNED AUTOS						Underinsured Motorists \$
<b>C</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ <b>See contract</b>
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ <b>for required</b>
	<input checked="" type="checkbox"/> DEDUCTIBLE RETENTION \$ <b>10,000</b>			Policy Number	Eff Date	Exp Date	\$ <b>UmbrellaLimit</b>
<b>D</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ <b>100,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Policy Number	Eff Date	Exp Date	E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
<b>E</b>	<b>Professional Liability</b>			Policy Number	Eff Date	Exp Date	Each Claim Limit: \$ <b>1,000,000</b>

**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
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