

SAMPLE ONLY - HIGHLIGHTED FIELDS INDICATE NECESSARY INFORMATION

CERTIFICATE OF LIABILITY INSURANCE

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 in 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 of this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

NAME OF INSURANCE COMPANY  
ADDRESS  
CITY, STATE, ZIP CODE

CONTACT NAME:

NAME OF AGENT

PHONE (A/C, No, Ext):

AGENCY PHONE NUMBER

FAX (A/C, No):

EMAIL ADDRESS:

AGENCY EMAIL

INSURER(S) AFFORDING COVERAGE

NAIC#

INSURANCE CARRIER(S) NAMES

INSURED

NAME OF VENDOR  
COMPANY NAME  
ADDRESS  
CITY, STATE, ZIP CODE

COVERAGES

CERTIFICATE NUMBER:

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 MA 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	
	<div>GENERAL LIABILITY</div> <div><div><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</div><div><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>GEN'L AGGREGATE LIMIT APPLIES PER:</div><div><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC</div></div>	<div><input checked="" type="checkbox"/></div>		<div>POLICY NUMBER</div>	<div>EFFECTIVE DATE</div>	<div>EXPIRATION DATE</div>	<div>EACH OCCURRENCE</div>	<div>\$1,000,000</div>
							<div>DAMAGE TO RENTED PREMISES (Ea occurrence)</div>	<div>\$</div>
							<div>MED EXP (Any one person)</div>	<div>\$</div>
							<div>PERSONAL &amp; ADV INJURY</div>	<div>\$</div>
							<div>GENERAL AGGREGATE</div>	<div>\$2,000,000</div>
							<div>PRODUCTS - COMPI/OP AGG</div>	<div>\$</div>
	<div>AUTOMOBILE LIABILITY</div> <div><div><input type="checkbox"/> ANY AUTO</div><div><input type="checkbox"/> ALL OWNED AUTOS</div><div><input type="checkbox"/> HIRED AUTOS</div><div><input type="checkbox"/> SCHEDULED AUTOS</div><div><input type="checkbox"/> NON-OWNED AUTOS</div></div>						<div>COMBINED SINGLE LIMIT (Ea accident)</div>	<div>\$</div>
							<div>BODILY INJURY (Per person)</div>	<div>\$</div>
							<div>BODILY INJURY (Per accident)</div>	<div>\$</div>
							<div>PROPERTY DAMAGE (Per accident)</div>	<div>\$</div>
	<div><input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR</div> <div><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE</div> <div><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$</div>						<div>EACH OCCURRENCE</div>	<div>\$</div>
							<div>AGGREGATE</div>	<div>\$</div>
	<div>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div> <div>ANY PROPRIETOR/PARTNERSHIP/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below</div>			<div>MUST SHOW PROOF OF WC AND DISABILITY INSURANCE ON SEPARATE FORM</div>			<div>WC STATUTORY LIMITS</div>	<div>OTHER</div>
							<div>E.L. EACH ACCIDENT</div>	<div>\$</div>
							<div>E.L. DISEASE - EA EMPLOYEE</div>	<div>\$</div>
							<div>E.L. DISEASE - POLICY LIMIT</div>	<div>\$</div>

DESCRIPTION OF OPERATIONS / LOCATIONS/ VEHICLES

The Regents of The University of New Mexico are named as additionally insured.

CERTIFICATE HOLDER

CANCELLATION

The Regents of the University of New Mexico

Attn: UNM Risk Services Department  
MSC 01 1210  
1 University of New Mexico  
Albuquerque, NM 87131

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE