



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current Date

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 Your Insurance Agency Name 123 Any Street City, State 00000	CONTACT NAME: Your Insurance Agent Name PHONE (A/C. No. Ext): (555)555-5555 E-MAIL ADDRESS: your.agent@youragency.com	FAX (A/C. No.): (555)555-5556
	INSURER(S) AFFORDING COVERAGE	
INSURED Your Business Name 456 Main Street City, State 11111	INSURER A: Your Insurance Company	NAIC # 99999
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		ABCPOLICY2016	07/01/2016	07/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

When applicable, the dates of the activity must be listed, with the type of activity, in this description box.

Additional Insured may also be indicated in this description box.

CERTIFICATE HOLDER**CANCELLATION**

Central Michigan University
 Risk Management, Environmental Health & Safety
 103 Smith Hall
 Mount Pleasant, MI 48859

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

Authorized Signature

© 1988-2014 ACORD CORPORATION. All rights reserved.

Central Michigan University Facility Usage Insurance Requirements

When outside groups use University facilities for activities, that group's liability insurance must cover the activity. Examples of this may include: dances, conferences, camps, athletic events, and fund-raising activities. Outside groups must provide a certificate of insurance one-week in advance of the event, verifying that they have the appropriate lines and limits of liability insurance. The certificate should be mailed to Risk Management, Environmental Health & Safety, Central Michigan University, 103 Smith Hall, Mt. Pleasant, MI 48859, faxed to (989) 774-1303, or emailed to risk@cmich.edu

The outside group's certificate must reflect the following detail to be acceptable:

- ◆ The certificate must name Central Michigan University as the Certificate Holder
- ◆ The General Liability coverage limit must be no less than \$1,000,000 per occurrence. **Note: The outside group may be required to provide higher limits and/or additional lines of insurance such as Auto Liability, Umbrella Liability and/or Workers' Compensation in accordance to the activity.**
- ◆ **The certificate must name Central Michigan University as an additional insured.**
- ◆ The insurance policy period must be current for the scheduled activity date(s).
- ◆ When applicable, the dates of the activity must be listed with the type of activity in the description portion of the insurance certificate.
- ◆ The cancellation portion of the certificate must state advance notice of cancellation will be delivered in accordance with the policy provisions.

The contact for the outside group may be unfamiliar with the purchase of liability insurance. The group contact may purchase liability insurance from any insurance agency or broker (look in phone book or search online to obtain names of local insurance agents or brokers).

The group contact may also apply online at <http://www.marshcampus.com/cmich> for a Tenant User Liability Insurance Policy (TULIP), which fulfills the General Liability insurance requirement you need to use a Central Michigan University facility for your event.

Or, in some cases, a national affiliation or an individual's homeowner's insurance policy may be endorsed to cover an event.

The group should select the insurance program that best fits their needs while meeting the minimum insurance requirements for the use of University facilities.

Prepared by CMU Risk Management, Environmental Health & Safety