## **SECTION 00 62 16 – CERTIFICATE OF INSURNACE**

### PART 1 - GENERAL

- 1.1 RELATED DOCUMENTS (Not Applicable)
- 1.2 SUMMARY (Not Applicable)
- 1.3 DEFINITIONS (Not Applicable)
- 1.4 CERTIFICATE OF INSURANCE
  - A. Sample Certificate of Liability Insurance and language.
  - B. Sample Evidence of Property Insurance (Builder's Risk)
  - C. A copy of the above noted forms are attached to the end of this section.
- 1.5 PROCEDURE (Not Applicable)
- PART 2 PRODUCTS (Not Applicable)
- PART 3 EXECUTION (Not Applicable)

### END OF SECTION 00 62 16



# 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 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)

| tino continuato acco not conti | rights to the continuate herasi in hea or s | 4011 011401001110        | (0).                          |                   |       |
|--------------------------------|---|--------------------------|-------------------------------|-------------------|-------|
| PRODUCER                       |   | CONTACT<br>NAME:         |                               |                   |       |
| COMPANY                        |   | PHONE<br>(A/C, No, Ext): |                               | FAX<br>(A/C, No): |       |
| ADDRESS                        |   | E-MAIL<br>ADDRESS:       |                               |                   |       |
| CITY, STATE, ZIP CODE          |   |                          | INSURER(S) AFFORDING COVERAGE |                   | NAIC# |
|                                |   | INSURER A:               |                               |                   |       |
| INSURED                        |   | INSURER B:               |                               |                   |       |
| INSURED NAME                   |   | INSURER C:               |                               |                   |       |
| INSURED ADDRES                 |   | INSURER D :              |                               |                   |       |
| INSURED CITY, S                |   | INSURER E :              |                               |                   |       |
|                                |   | INSURER F:               |                               |                   |       |
| COVEDACES                      | CEDTICICATE NUMBED.                         |                          | DEVISION NITI                 | MDED.             |       |

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.

| L E          | EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.   |   |             |                 |                            |                                   |   |                        |
|--------------|--|---|-------------|-----------------|----------------------------|-----------------------------------|---|------------------------|
| INSR<br>LTR  |  |   | SUBR<br>WVD | POLICY NUMBER   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY)        | LIMITS  | 3                      |
|              | CLAIMS-MADE X OCCUR  |   |             | POLICY NUMBER   | 01/01/2019                 | 01/01/2020                        | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000<br>\$     |
|              | X POLLUTION LIABILITY  |   |             |                 |                            |                                   | MED EXP (Any one person)                                  | \$                     |
| Α            |  | Υ |             |                 |                            |                                   | PERSONAL & ADV INJURY                                     | \$ 1,000,000           |
|              | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |             |                 |                            |                                   | GENERAL AGGREGATE   | \$ 2,000,000           |
|              | POLICY X PRO-<br>JECT LOC  |   |             |                 |                            |                                   | PRODUCTS - COMP/OP AGG                                    | \$ 2,000,000           |
|              | OTHER:   |   |             |                 |                            |                                   |   | \$                     |
| В            | UTOMOBILE LIABILITY  |   |             |                 |                            |                                   | COMBINED SINGLE LIMIT (Ea accident)                       | \$ 1,000,000           |
|              | ANY AUTO   |   |             | POLICY NUMBER   | 01/01/2019                 | 01/01/2020                        | BODILY INJURY (Per person)                                | \$                     |
|              | OWNED SCHEDULED AUTOS  | Υ | Y           |                 |                            |                                   | BODILY INJURY (Per accident)                              | \$                     |
|              | X HIRED NON-OWNED AUTOS ONLY   |   |             |                 |                            | PROPERTY DAMAGE<br>(Per accident) | \$  |                        |
|              |  |   |             |                 |                            |                                   |   | \$                     |
|              | UMBRELLA LIAB OCCUR  |   |             |                 |                            |                                   | EACH OCCURRENCE   | \$                     |
|              | EXCESS LIAB CLAIMS-MADE  |   |             |                 |                            |                                   | AGGREGATE   | \$                     |
|              | DED RETENTION\$  |   |             |                 |                            |                                   |   | \$                     |
|              | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |   |             |                 |                            |                                   | X PER STATUTE OTH-ER                                      |                        |
| <sub>D</sub> | ANVERPLOTERS LIABILITY  ANVEROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |   | Y           | Y POLICY NUMBER | 01/01/2019                 | 01/01/2020                        | E.L. EACH ACCIDENT  | \$ 100,000             |
| "            |  |   |             |                 |                            |                                   | E.L. DISEASE - EA EMPLOYEE                                | \$ 100,000             |
|              |  |   |             |                 |                            |                                   | E.L. DISEASE - POLICY LIMIT                               | \$ 500,000             |
| Е            | PROFESSIONAL LIABILITY   |   | Υ           | POLICY NUMBER   | 01/01/2019                 | 01/01/2020                        | Each Occurrence<br>Aggregate                              | 2,000,000<br>2,000,000 |

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

The Regents of the University of Colorado, a Body Corporate are named as Additional Insured as respects General, Pollution and Automobile Liability policies.

The Automobile, Workers Compensation and Professional Liability policies are endorsed to include a Waiver of Subrogation in favor of The Regents of the University of Colorado, a Body Corporate.

#### **CERTIFICATE HOLDER CANCELLATION**

The Regents of the University of Colorado

Attn: Project Management

1945 North Wheeling Street, Campus Mail stop F-418

Aurora, CO 80045

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 Representative Signature

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# **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)
CURRENT TEXT

| ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT A COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER  | FFIRMATIVELY OR NEO<br>F INSURANCE DOES NO | SATIVELY AMEND, E                    | EXTEND OR ALT    | ER THE                 |  |  |
|--|--|--------------------------------------|------------------|------------------------|--|--|
| AGENCY PHONE (A/C, No, Ext):   | COMPANY                                    |                                      |                  |                        |  |  |
| COMPANY  | 1  |                                      |                  |                        |  |  |
| ADDRESS  | INSURANCE COMPA                            | NY                                   |                  |                        |  |  |
| CITY, STATE, ZIP CODE  |  |                                      |                  |                        |  |  |
|  |  |                                      |                  |                        |  |  |
| FAX E-MAIL (A/C, No): ADDRESS:   |  |                                      |                  |                        |  |  |
| CODE: SUB CODE:  |  |                                      |                  |                        |  |  |
| AGENCY<br>CUSTOMER ID #:   |  |                                      |                  |                        |  |  |
| INSURED  | LOAN NUMBER POLICY NUMBER                  |                                      |                  |                        |  |  |
| INSURED NAME   | POLICY NUMBER                              |                                      |                  |                        |  |  |
| INSURED ADDRESS  | EFFECTIVE DATE                             | EXPIRATION DATE                      | CONTINUED UNTIL  |                        |  |  |
| INSURED CITY, STATE, ZIP CODE  | 01/01/2019                                 | 01/01/2020                           | TERMINA          | TED IF CHECKED         |  |  |
|  | THIS REPLACES PRIOR EVIL                   | DENCE DATED:                         |                  |                        |  |  |
| DDODEDTY INCODMATION   |  |                                      |                  |                        |  |  |
| PROPERTY INFORMATION  Location/description   |  |                                      |                  |                        |  |  |
| LOCATION OF PROJECT  |  |                                      |                  |                        |  |  |
| Builders Risk is required for new buildings or alterations to existing buildings   |  |                                      |                  |                        |  |  |
| and for materials and equipment to be installed in existing structures.  |  |                                      |                  |                        |  |  |
| and for materials and equipment to be installed in existing structures.  |  |                                      |                  |                        |  |  |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH<br>NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY (<br>EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN<br>SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH I | CONTRACT OR OTHER I                        | DOCUMENT WITH R<br>DRDED BY THE POLI | ESPECT TO WHIC   | CH THIS<br>D HEREIN IS |  |  |
| COVERAGE INFORMATION PERILS INSURED BASIC  | BROAD X SPECIA                             | AL                                   |                  |                        |  |  |
| COVERAGE / PERILS / FORMS  |  | AMO                                  | UNT OF INSURANCE | DEDUCTIBLE             |  |  |
| Builders Risk - 100% of Completed Value  |  |                                      | 6 Project Value  | \$50,000 or les        |  |  |
| REMARKS (Including Special Conditions)   |  |                                      |                  |                        |  |  |
| RE: Specific Project   |  |                                      |                  |                        |  |  |
| CANCELLATION   |  |                                      |                  |                        |  |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  | BEFORE THE EXPIRATI                        | ON DATE THEREOF                      | , NOTICE WILL I  | BE                     |  |  |
| ADDITIONAL INTEREST  |  |                                      |                  |                        |  |  |
| NAME AND ADDRESS   | X ADDITIONAL INSURED                       | LENDER'S LOSS PAY                    | /ABLE LO         | OSS PAYEE              |  |  |
|  | MORTGAGEE                                  | X Waiver of Subro                    | ogation          |                        |  |  |
| The Begente of the University of Coloreda  | LOAN#                                      |                                      |                  |                        |  |  |
| The Regents of the University of Colorado  |  |                                      |                  |                        |  |  |
| Attn: Project Management   | AUTHORIZED REPRESENTAT                     | IVE                                  |                  |                        |  |  |
| 1945 North Wheeling Street, Campus Mail stop F-418   | AUTHORIZED REPRESENTATIVE SIGNATURE        |                                      |                  |                        |  |  |
| Aurora, CO 80045   | AGINGNIED HEI HEGERIATIVE GIGIATIONE       |                                      |                  |                        |  |  |