## **Cover Sheet and Instructions**

**CERTIFICATE OF LIABILITY INSURANCE for UCIP Projects**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | APPROVED DOCUMENT – This document is approved by the Office of the President and Office of the General Counsel for use by the Facility and is available on electronic media. | | | | |
|  | | |  | | | | |
| **PURPOSE OF DOCUMENT:** | Provides Contractor, Consultant, or Designer with a standard form to report compliance with Facility insurance requirements. | | | | | | |
| **CROSS-REFERENCE TO FACILITIES MANUAL:** | [FM4[I]:4.6.4](http://www.ucop.edu/facil/fmc/facilman/volume4/part1/ch4.html) | | | | | | |
| **CONTENTS:** | Certificate of Insurance form | | | | | | |
| **FOR USE WITH:** | ✓ | Long Form (LF) | | ✓ | Multiple Prime  (MP) | ✓ | Design Build  (DB) |
| ✓ | CM at Risk  (CM) | | ✓ | Professional Service Agreement PSA | ✓ | Executive Design Professional Agreement EDPA |
| ✓ | Construction Management Agreement (CMA) | | ✓ | Master Architect Agreement (DB) |  |  |
| **COMPLETED BY:** | ✓ | Filling in | |  | Adding Text |  | No Data Required |
| **ITS USE IS:** | ✓ | Required | |  | Optional | | |

**NOTE:**

**Completion Instructions:**

1. Facility should insert the mailing address of Certificate Holder (lower left of form) as well as the Project Name (upper left) and Project No. (upper right). Note: These fields are highlighted in yellow (for example, {Street Address} ) . Additionally, Facility should generally fill-in the blank space in Special Provision #1 (for example, the Project Name).

2. The Contractor and its insurance agent complete the form.

**Modifications and Additions:**

None

**Comments:**

1. The completed form is required before award of the contract. Substitute forms are not acceptable unless they comply with the contract General Conditions.

**END OF COVERSHEET AND INSTRUCTIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | **CERTIFICATE OF LIABILITY INSURANCE**  (for UCIP Projects) | | | | | | | | | | | | | | | | | | | | | **DATE (MM/DD/YYYY)** | | | |
| **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:** | |  | | | | | | | | | |  |
|  |
|  | | | | | | | | | | | | **PHONE**  **(A/C, No, Ext):** | |  | | | | **FAX**  **(A/C, No):** | | | |  | |  | |
|  | |
| **E-MAIL**  **ADDRESS:** | |  | | | | | | | | | |  | |
|  | |
|  | | **INSURER(S) AFFORDING COVERAGE** | | | | | | | | | **NAIC #** |  | |
| **INSURER A :** | |  | | | | | | | | |  |  | |
| **INSURED** | | | | | | | | | | | |  | | | | | | | | | | | | | **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**  **INSR** | **SUBR**  **WVD** | **POLICY NUMBER** | | **POLICY EFF**  **(MM/DD/YYYY)** | | **POLICY EXP**  **(MM/DD/YYYY)** | **LIMITS** | | | | | | | |  | |
|  | |
|  | **GENERAL LIABILITY** | | | | | | | | | | | | | |  |  | |  |  |  |  |  |  |  | |  | |  |  | | | | | | | |  | |
|  |  |  |  | |  | |  |  |  |  | | | |  |  | |  |  |  |  |  | |
|  |  | COMMERCIAL GENERAL LIABILITY | | | | | | | | | | | | | | | | |  |  |  | |
|  |  |  |  | | |
|  |  | | CLAIMS-MADE | | | | | | |  | | | | | OCCUR | | | |  |  |  | |
|  |  |  |  | |  | |  |  |  |  | | | |  |  | |  |  |  |  |  | |
| GEN'L | AGGREGATE LIMIT APPLIES PER: | | | | | | | | | | | | | | | | | |  |  |  | |
|  |  | POLICY | | |  | | | PRO- | | | | | |  | | | LOC | |  |  |  | |
|  | JECT | | | | | |  |  |  | |
|  |  |  |  | |  |  |  | |  |  |  | |
|  | **AUTOMOBILE LIABILITY** | | | | | | | | | | | | | |  |  | |  |  |  |  |  |  |  | |  | |  |  | | | | | | | |  | |
|  |  | |  |  |  |  |  | |
|  |  | ANY AUTO | | | | |  |  |  |  | | | |  |  | |  |  |  |  |  | |
|  |  |  |  |  |  | | | |  |  | |  |  |  |  |  | |
|  |  | ALL OWNED | | | | |  |  |  | | |  | | SCHEDULED | | | | |  |  |  | |
|  | AUTOS | | | | |  |  |  | | AUTOS | | | | |  |  |  | |
|  |  |  |  |  |  | |  | |  |  |  | |
|  |  | HIRED AUTOS | | | | | | |  | | |  | | NON-OWNED | | | | | | |  | |
|  |  | | AUTOS | | | | |  |  |  | |
|  |  |  | | |  | |  |  |  | |
|  |  |  |  | | | | | | |  | | |  | |  |  | |  |  |  |  |  | |
|  |  |  | **UMBRELLA LIAB** | | | | | | | |  | | | | | OCCUR | | | |  |  |  |  |  | |  | |  |  | | | | | | | |  | |
|  |  | **EXCESS LIAB** | | | | | | | |  | | | | | CLAIMS-MADE | | | | | |  | |
|  |  |  |  | |  | |  |  |  |  | | | |  |  | |
|  |  | DED | |  | |  | RETENTION $ | | | | | | | | | | | |  |  |  | |
|  | **WORKERS COMPENSATION** | | | | | | | | | | | | | | | | | | | | | **N/A** |  |  | |  | |  |  | WC STATU-  TORY LIMITS |  | OTH-  ER | |  | | |  | |
|  | |
| **AND EMPLOYERS' LIABILITY** | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | |  | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | | | | | | | | | | | |  | **Y / N** |  |  | |
|  |  |  |  | |
| OFFICER/MEMBER EXCLUDED? | | | | | | | | | | | | | | | | | |  |  |  | |
|  |  |  | |
| **(Mandatory in NH)** | | | | | | | | | | | | | |  |  | |  |  |  |  | |
|  |  | |  |  |  |  |  | |
| If yes, describe under | | | | | | | | | | | | | |  |  | |  |  |  |  |  | |
| DESCRIPTION OF OPERATIONS below | | | | | | | | | | | | | | | | | | |  |  |  | |
|  | **PROFESSIONAL LIABILITY** | | | | | | | | | | | | |  | | | OCCUR  CLAIMS-MADE | | | | |  |  |  | |  | |  |  | | | | | | | |  | |
|  | | |
| Special Provisions:   1. The Regents of the University of California, The University of California, University, the UCIP Administrator, and each of their Representatives, consultants, officers, agents, employees, each of their Representative's consultants, and all enrolled parties, are included as additional insureds on the general liability policy as required by contract and pursuant to additional insured endorsement CG2010 (11/85) or a combination of both CG 2010 (10/01 or 07/04) and CG 2037 (10/01 or 07/04) but only in connection with \_\_\_(name of project)\_\_. 2. The General Liability coverage shall contain a Severability of Interest provision and shall be primary insurance as respects The Regents of the University of California, its officers, agents and employees. Any insurance or self-insurance maintained by The Regents of the University of California shall be excess of and non-contributory with this insurance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CERTIFICATE HOLDER: The Regents of the University of California** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| *Forward to: {Office, Room Number or Mail Stop}*  University of California*, {Facility}*  *{Street Address}*  *{City, State, Zip}* | | | | | | | | | | | | | | | | | | | | | | | | | **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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