SAMPLE COI - DESIGN-BID-BUILD CONSTRUCTION CONTRACT



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).

001/504050				
		INSURER F:	Minimum A.M. Best's Rating A - Class V or larger	must list
City, State, Zip Code		INSURER E :	Minimum A.M. Best's Rating A - Class V or larger	must list
Address		INSURER D :	Minimum A.M. Best's Rating A - Class V or larger	ger must list ger must list
Contractor's LEGAL Name		INSURER C:	Minimum A.M. Best's Rating A - Class V or larger	must list
INSURED			Minimum A.M. Best's Rating A - Class V or larger	must list
		INSURER A:	Minimum A.M. Best's Rating A - Class V or larger	must list
City, State, Zip Code			INSURER(S) AFFORDING COVERAGE	NAIC #
Agency Name Address		E-MAIL ADDRESS:		
		PHONE (A/C, No, Ext):	FAX (A/C, No):	
PRODUCER		CONTACT NAME:		
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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.

1		EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE	ADDL S INSR V		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S				
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 1,000,000				
	X Contractual Liability includes XCU coverage GEN'L AGGREGATE LIMIT APPLIES PER:	Y	Policy Number	Effective Date	Expiration Date	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ 1,000,000					
					Sate		GENERAL AGGREGATE	\$ 2,000,000				
							PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$				
-	AUTOMOBILE LIABILITY			Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
	X ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS X HIRED AUTOS X AUTOS AUTOS NON-OWNED AUTOS	Y					BODILY INJURY (Per person)	\$				
							BODILY INJURY (Per accident)	\$				
							PROPERTY DAMAGE (Per accident)	\$				
								\$				
	X UMBRELLA LIAB X OCCUR		Policy Number	Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE	\$ 2,000,000				
	EXCESS LIAB CLAIMS-MADE	Y					AGGREGATE	\$ 4M or \$10M				
	DED RETENTION \$							\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				Effective Date	Expiration Date	X WC STATU- OTH- TORY LIMITS ER					
				Policy Number			E.L. EACH ACCIDENT	\$ 1,000,000				
							E.L. DISEASE - EA EMPLOYEE					
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - POLICY LIMIT				\$ 1,000,000					
	Builder's Risk			Policy Number	Effective Date	Expiration Date	(Builder's Risk policy should be equal to 100% of the Contract Sum, written on a Builder's Risk "All Risk", or it's equivalent)					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Insert Project No. and Project Name - OR - "All Jobs"

Add Additional Insured Endorsement: The Board of Regents of the University System of Georgia by and on behalf of Georgia Institute of Technology, and the officers, members, and employees of each of them are additional insured under the commercial general, auto, and umbrella liability policies. All coverages listed are primary and non-contributory.

Policy must contain the following Builder's Risk Endorsement: The following may occur without diminishing, changing, altering or otherwise affecting the coverage and protection afforded the insured under this policy:(i) Furniture and equipment may be delivered to the insured premises and installed in place ready for use; and (ii) Partial or complete occupancy by Owner; and (iii) Performance of work in connection with construction operations insured by the Owner, by agents or lessees or other Contractors of the Owner or Using Agency

Umbrella Liability: Contracts Amounts Less than \$5M obtain \$2M per occurrence/\$4M aggregate; Contract Amounts Equal to or Greater than \$5M obtain \$2M per occurrence/\$10M aggregate

**When using subcontractors, Contractor must comply with Section 1.5.3.3.1 (Worker's Compensation Insurance) and 1.5.3.3.2 (Employers' Liability Insurance)

CERTIFICATE HOLDER

CANCELLATION

Board of Regents of the University System of Georgia On Behalf of Georgia Institute of Technology 270 Washington Street SW, 6th Floor Atlanta, GA 30334

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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