



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

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						
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
<input checked="" type="checkbox"/>	Contractual Liability	Y					MED EXP (Any one person) \$
<input checked="" type="checkbox"/>	includes XCU coverage						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/>	POLICY						PRODUCTS - COMP/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/>	PRO-JECT						\$
<input type="checkbox"/>	LOC						\$
	AUTOMOBILE LIABILITY						
<input checked="" type="checkbox"/>	ANY AUTO			Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/>	ALL OWNED AUTOS						BODILY INJURY (Per person) \$
<input checked="" type="checkbox"/>	HIRED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS	Y					PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS						\$
							\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB						EACH OCCURRENCE \$ 2,000,000
<input checked="" type="checkbox"/>	EXCESS LIAB						AGGREGATE \$ 4M or \$10M
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Builder's Risk						(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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INSURER(S) AFFORDING COVERAGE													
INSURED Contractor's LEGAL Name Address City, State, Zip Code	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; font-size: small;">INSURER A : Minimum A.M. Best's Rating A - Class V or larger</td> <td style="width: 20%; font-size: small;">NAIC # must list</td> </tr> <tr> <td>INSURER B : Minimum A.M. Best's Rating A - Class V or larger</td> <td>must list</td> </tr> <tr> <td>INSURER C : Minimum A.M. Best's Rating A - Class V or larger</td> <td>must list</td> </tr> <tr> <td>INSURER D : Minimum A.M. Best's Rating A - Class V or larger</td> <td>must list</td> </tr> <tr> <td>INSURER E : Minimum A.M. Best's Rating A - Class V or larger</td> <td>must list</td> </tr> <tr> <td>INSURER F : Minimum A.M. Best's Rating A - Class V or larger</td> <td>must list</td> </tr> </table>	INSURER A : Minimum A.M. Best's Rating A - Class V or larger	NAIC # must list	INSURER B : Minimum A.M. Best's Rating A - Class V or larger	must list	INSURER C : Minimum A.M. Best's Rating A - Class V or larger	must list	INSURER D : Minimum A.M. Best's Rating A - Class V or larger	must list	INSURER E : Minimum A.M. Best's Rating A - Class V or larger	must list	INSURER F : Minimum A.M. Best's Rating A - Class V or larger	must list
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<input checked="" type="checkbox"/>	Includes XCU coverage			PERSONAL & ADV INJURY \$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2000,000
	AUTOMOBILE LIABILITY						
<input checked="" type="checkbox"/>	ANY AUTO			Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/>	ALL OWNED AUTOS	Y					BODILY INJURY (Per person) \$
<input checked="" type="checkbox"/>	HIRE AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/>			PROPERTY DAMAGE (Per accident) \$			
							\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB						EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB			Y	Effective Date	Expiration Date	AGGREGATE \$ 4M or \$10M
	DED _____ RETENTION \$ _____						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y / N <input type="checkbox"/>	Policy Number	Effective Date	Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$
	Professional Liability Builder's Risk			Policy Number Policy Number	Effective Date Effective Date	Expiration Date Expiration Date	(SEE NOTE ON PG 2 REGARDING PROF. LIABILITY LIMITS) (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)
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SAMPLE COI - DESIGN BUILD CONTRACT (BETWEEN DESIGN-BUILDER & BOR)

Page 2

Professional Liability (Errors and Omissions) Insurance. Limits shall not be less than the following:

- (a) For Projects with a budgeted construction cost of more than \$30,000,000:
 - i. For Design Professionals – \$3,000,000 per claim and \$4,000,000 in aggregate coverage;
 - ii. For Subconsultant Engineers and Architects – \$2,000,000 per claim and \$3,000,000 in aggregate coverage;
 - iii. For Other Consultants – \$1,000,000 per claim and \$2,000,000 in aggregate coverage.
- (b) For Projects with a budgeted construction cost of \$20,000,000 up to \$30,000,000:
 - i. For Design Professionals – \$2,000,000 per claim and \$3,000,000 in aggregate coverage;
 - ii. For Subconsultant Engineers and Architects – \$1,000,000 per claim and \$2,000,000 in aggregate coverage;
 - iii. For Other Consultants – \$1,000,000 per claim and \$1,000,000 in aggregate coverage.
- (c) For Projects with a budgeted construction cost of less than \$20,000,000:
 - i. For Design Professionals – \$1,000,000 per claim and \$1,000,000 in aggregate coverage;
 - ii. For Subconsultant Engineers and Architects – \$1,000,000 per claim and \$1,000,000 in aggregate coverage;
 - iii. For Other Consultants – \$1,000,000 per claim and \$1,000,000 in aggregate coverage.
- (d) The Design Professional shall maintain professional liability insurance that shall be either a practice policy or project-specific coverage. Professional liability insurance shall contain prior acts coverage for services performed by the Design Professional for this Project. If project-specific coverage is used, these requirements shall be continued in effect for two years following the issuance of the Certificate of Final Completion for the Project.