



# 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).

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

**COVERAGES**

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		Policy Number	Effective Date	Expiration Date	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Policy Number	Effective Date	Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
	<b>Professional Liability</b>			Policy Number	Effective	Expiration	(SEE NOTE ON PG 2 REGARDING PROF. LIABILITY LIMITS)

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 and auto liability policies. All coverages listed are primary and non-contributory.

**Insurer's Endorsement:** Insurer agrees that the coverages shall not be canceled, changed, allowed to lapse, or allowed to expire until thirty calendar days (ten calendar days for nonpayment of premium) after written notice by the United States Certified, Return Receipt Requested, postage prepaid, in an envelope addressed to the party to be notified at such party's address as follows:  
 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

**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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## **SAMPLE COI - DESIGN PROFESSIONAL (USED FOR DBB CONSTRUCTION PROJECTS)**

### **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. At the Design Professional's request, the Owner may, at its sole discretion, agree to a lower limit for certain consultants.
  
- (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;
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- (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. At the Design Professional's request, the Owner may, at its sole discretion, agree to a lower limit for certain consultants.
  
- (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 three years following the issuance of the Certificate of Final Completion for the Project.



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**AUTHORIZED REPRESENTATIVE**

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