

## 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 nolicy/ias) must be endorsed. If SURROGATION IS WAIVED, subject to

| the terms and conditions of the policy, certificate holder in lieu of such endors  | cert    | ain p            | olicies may require an er         |                   |  |                            |  |       |             |  |
|--|---------|------------------|-----------------------------------|-------------------|--|----------------------------|--|-------|-------------|--|
| PRODUCER   |         |                  |                                   |                   | CONTACT<br>NAME:   |                            |  |       |             |  |
| Agency Name Address City, State, Zip Code  |         |                  |                                   |                   | PHONE FAX (A/C, No, Ext): (A/C, No):   |                            |  |       |             |  |
|  |         |                  |                                   |                   | (A/C, No, EXI): (A/C, NO):  E-MAIL ADDRESS:  |                            |  |       |             |  |
|  |         |                  |                                   |                   | INSURER(S) AFFORDING COVERAGE NAIC #   |                            |  |       |             |  |
|  |         |                  |                                   |                   |  |                            |  |       |             |  |
|  |         |                  |                                   |                   |  |                            |  |       |             |  |
|  |         |                  |                                   |                   | Insurance company must be licensed to do   |                            |  |       |             |  |
| Contractor's LEGAL Name<br>Address   |         |                  |                                   |                   | business in the State of Georgia   |                            |  |       |             |  |
| City, State, Zip Code  |         |                  |                                   |                   | INSURER D:   |                            |  |       |             |  |
| only, otato, hip code  |         |                  |                                   |                   | INSURER E :  |                            |  |       |             |  |
|  |         |                  |                                   |                   | INSURER F:   |                            |  |       |             |  |
|  | 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  TYPE OF INSURANCE  ADDL SUBPLICATION OF SUCH POLICY SHOWN BY POLICY PROLICY STP. POLICY S |         |                  |                                   |                   |  |                            |  |       |             |  |
| INSR<br>LTR TYPE OF INSURANCE  | INSR    | WVD              | POLICY NUMBER                     |                   | (MM/DD/YYYY)   | (MM/DD/YYYY)               | LIMITS                                 |       |             |  |
| GENERAL LIABILITY  |         |                  |                                   |                   |  |                            | EACH OCCURRENCE \$ DAMAGE TO RENTED    | 1,0   | 00,000      |  |
| COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  |         |                  |                                   |                   | Effective  | Expiration Date            | PREMISES (Ea occurrence) \$            |       |             |  |
|  |         |                  | Policy Number                     |                   |  |                            | MED EXP (Any one person) \$            |       |             |  |
|  |         |                  | rolley Nulliber                   |                   | Date   |                            | PERSONAL & ADV INJURY \$               |       |             |  |
|  |         |                  |                                   |                   |  |                            | GENERAL AGGREGATE \$                   |       |             |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:   |         |                  |                                   |                   |  |                            | PRODUCTS - COMP/OP AGG \$              |       |             |  |
| POLICY JECT LOC  |         |                  |                                   |                   |  |                            | \$                                     |       |             |  |
| AUTOMOBILE LIABILITY   |         |                  |                                   |                   |  |                            | COMBINED SINGLE LIMIT (Ea accident) \$ |       |             |  |
| ANY AUTO   |         |                  |                                   |                   |  |                            | BODILY INJURY (Per person) \$          |       |             |  |
| ALL OWNED SCHEDULED  |         |                  |                                   |                   |  |                            | BODILY INJURY (Per accident) \$        |       |             |  |
| AUTOS AUTOS NON-OWNED AUTOS  |         |                  |                                   |                   |  |                            | PROPERTY DAMAGE (Per accident) \$      | \$    |             |  |
|  |         |                  |                                   |                   |  |                            | (Per accident) \$                      |       |             |  |
| UMBRELLA LIAB OCCUR  |         |                  |                                   |                   |  |                            | EACH OCCURRENCE \$                     |       |             |  |
| EXCESS LIAB CLAIMS-MADE  |         |                  |                                   |                   |  |                            | AGGREGATE \$                           |       |             |  |
| DED RETENTION\$  |         |                  |                                   |                   |  |                            | \$                                     |       |             |  |
| WORKERS COMPENSATION   |         |                  |                                   |                   |  |                            | ▼ WC STATU- OTH-                       |       |             |  |
| AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE   | N/A     |                  |                                   | Effective         |  | Expiration                 |  | tatu  | tory limit  |  |
| OFFICER/MEMBER EXCLUDED?   |         |                  | Policy Number                     |                   | Date   | Date                       |  |       | utory limit |  |
| (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  |         |                  |                                   |                   |  |                            | E.L. DISEASE - EA EMPLOYEE \$          |       | itory limit |  |
| DESCRIPTION OF OPERATIONS below  |         |                  |                                   |                   |  |                            |  | ····· | atory mine  |  |
| Professional Liability   |         |                  | Policy Number                     | Effective<br>Date | Expiration<br>Date   | \$1,000,000 per occurrence |  |       |             |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>Insert Project No. and Project Name - OR - "All Jobs"   | CLES (  | Attach           | ACORD 101, Additional Remarks     | Schedule          | e, if more space i   | s required)                | <del></del>                            |       |             |  |
| 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 liability policy. All coverages listed are primary and non-contributory.   |         |                  |                                   |                   |  |                            |  |       |             |  |
| (Note: The Consultant shall file with the Regents a certific   | ate of  | insuran          | ce from an insurance company lice | ensed to d        | o business in the  | State of Georgia s         | showing evidence of such professional  | OR    | commercial  |  |
| general liability insurance in limits of not less than \$1,000,  |         |                  |                                   |                   |  |                            |  |       |             |  |
|  |         |                  |                                   |                   |  |                            |  |       |             |  |
|  |         |                  |                                   |                   |  |                            |  |       |             |  |
| CERTIFICATE HOLDER   |         |                  |                                   |                   | CANCELLATION   |                            |  |       |             |  |
| Board of Regents of the University System of Georgia   |         |                  |                                   |                   | -  |                            |  |       |             |  |
| On Behalf of Georgia Institute of Technology<br>270 Washington Street SW, 6th Floor<br>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  |                            |  |       |             |  |
|  |         |                  |                                   |                   |  |                            |  |       |             |  |