

**CERTIFICATE LIABILITY INSURANCE
PROFESSIONAL/TECHNICAL CONTRACTS**

DATE (MM/DD/YY)
Date Cert.
Typed

PRODUCER
Agent/Broker Name & Address

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS ON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Contractor/Vendor Name & Address

INSUREERS AFFORDING COVERAGE

INSURER A: Name of Insurance Company

INSURER B: " " "

INSURER C: " " "

INSURER D: " " "

INSURER E: " " "

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR 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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input type="checkbox"/> DEDUCTIBLE BI AND/OR PD GENERAL AGGREGATE APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy Number	Effective date of policy	Expiration date of policy	EACH OCCURENCE	\$2,000,000
	FIRE DAMAGE (Any					
	MED EXP (Any one					
	PERSONAL &				\$2,000,000	
	GENERAL				\$2,000,000	
	PRODUCTS-	\$2,000,000				
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> * CA 99 48 Endorsement <input checked="" type="checkbox"/> * MCS-90 Endorsement	Policy Number *If required in special terms & conditions.	Effective date of policy	Expiration date of policy	COMBINED SINGLE (Ea accident)	\$2,000,000
	BODILY INJURY (Per person)				\$	
	BODILY INJURY (Per accident)				\$	
	PROPERTY DAMAGE (Per accident)				\$	
C	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	Policy Number <i>(**Excess/Umbrella may be used to supplement the GL & Auto limits, to satisfy policy</i>	Effective date of policy	Expiration date of policy	EACH OCCURENCE	\$ **
	AGGREGATE				\$ **	
					\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Policy Number	Effective date of policy	Expiration date of policy	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	E.L. EACH ACCIDENT				\$100,000	
	E.L. DISEASE-EA				\$100,000	
	E.L. DISEASE - POLICY				\$500,000	
E	OTHER Professional Liability (applicable if design services provided)	Policy Number	Effective date of policy	Expiration date of policy	EACH OCCURENCE	\$2,000,000
	AGGRGATE				\$2,000,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RE: Project Name _____ **e-Builder No. (if applicable)** _____

- Board of Trustees of Minnesota State Colleges and Universities and its officers and members are named as an Additional Insured to the extent permitted by law, on a primary and non-contributory basis for both ongoing and completed operations under Commercial General Liability, Umbrella or Excess Liability, and *Pollution Liability.
- Insurance companies waive any rights to assert the immunity of the state as a defense.
- A waiver of subrogation applies in favor of the certificate holder on all policies listed above.

CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION
Name of College, University or Minnesota State system office		SHOULD ANY OF THE ABOVE POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Street Address		AUTHORIZED REPRESENTATIVE
City, State, & Zip Code		
See solicitation (RFB, RFQ or RFP) for name & address		