|  |  |
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| **CERTIFICATE OF INSURANCE**Example**CONSTRUCTION CONTRACTS** | **DATE (MM/DD/YY)**Date Cert. Typed |
| PRODUCERAgent/Broker Name & Address | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |
| INSUREERS AFFORDING COVERAGE |
| INSUREDContractor/Vendor Name & Address | 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 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. |
| INSRLTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVEDATE(MM/DD/YY) | POLICY EXPIRATIONDATE(MM/DD/YY) | LIMITS |
| A | GENERAL LIABILITY | Policy Number | Effective date of policy | Expiration date of policy | EACH OCCURENCE | $2,000,000 |
| ☒ COMMERCIAL GENERAL LIABILITY | FIRE DAMAGE (Any one fire) | $ 50,000 |
| 🞎 CLAIMS MADE ☒ OCCUR | MED EXP (Any one person) | $ 5,000 |
| ☒ CONTRACTUAL LIABILITY | PERSONAL & ADVERTISING INJURY | $2,000,000 |
| IMMIMM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 🞎 DEDUCTIBLE BI AND/OR PD \_\_\_\_\_\_\_ | GENERAL AGGRREGATE | $2,000,000 |
| GENERAL AGGREGATE APPLIES PER: | PRODUCTS-COMP/OP AGG | $2,000,000 |
| 🞎 POLICY 🞎 PROJECT 🞎 LOC |  |  |
| B | AUTOMOBILE LIABILITY | Policy Number**\*If required in special terms & conditions.** | Effective date of policy | Expiration date of policy | COMBINED SINGLE LIMIT | $2,000,000 |
| 🞎 ANY AUTO | (Ea accident) |  |
| ☒ ALL OWNED AUTOS | BODILY INJURY | $ |
| 🞎 SCHEDULED AUTOS | (Per person) |  |
| ☒ HIRED AUTOS | BODILY INJURY | $ |
| ☒ NON-OWNED AUTOS | (Per accident) |  |
| **☒ \* CA 99 48 Endorsement** | PROPERTY DAMAGE | $ |
| **☒ \* MCS-90 Endorsement** | (Per accident) |  |
| C | EXCESS LIABILITY | Policy Number*(\*\*Excess/Umbrella may be used to supplement the GL & Auto limits, to satisfy policy limits requirements.)*  | Effective date of policy | Expiration date of policy | EACH OCCURRENCE | $ \*\*  |
| ☒ OCCUR 🞎 CLAIMS MADE | AGGREGATE | $ \*\*  |
| 🞎 DEDUCTIBLE |  | $ |
| 🞎 RETENTION $ |  | $ |
| D | WORKERS COMPENSATION ANDEMPLOYERS’ LIABILITY | Policy Number | Effective date of policy | Expiration date of policy | [x]  | WC STATU-ORY LIMITS |  | OTHER |  |
| E.L. EACH ACCIDENT |  $100,000 |
|  | E.L. DISEASE-EA EMPLOYEE |  $100,000 |
| E.L. DISEASE – POLICY LIMIT |  $500,000 |
| E | **\* POLLUTION LIABILITY** **🞎 CLAIMS MADE ☒ OCCUR** | Policy Number**\*If required in special terms & conditions.** | Effective date of policy | Expiration date of policy | Each OccurrenceAggregate | $2,000,000$2,000,000 |
| **☒ NON-OWNED DISPOSAL SITES** |
| **☒ NO LEAD EXCLUSION** |
| F | BUILDER’S RISK– If required in Article 11.3.1 of solicitation☒ “All Risk” 🞎 Named Perils |  |  |  | BUILDERS RISK LIMIT-EQUAL TO CONTRACT AMOUNT | $ |
| DEDUCTIBLE, IF ANY | $ |
| 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**  | X | **ADDITIONAL INSURED; INSURER LETTER: \_\_**  | **CANCELLATION** |
| Name of College, University or Minnesota State system officeStreet Address City, State, & Zip Code *See solicitation (RFB, RFQ or RFP) for name & address* | SHOULD ANY OF THE ABOVE POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  |
| AUTHORIZED REPRESENTATIVE |