

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
[Todays 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). CONTACT | [Insurance Carrier Contact Name] PRODUCER FAX (A/C, No): [Insurance Carrier Name] PHONE (A/C, No, Ext): [Insurance Carrier Phone #] [Insurance Carrier Address] E-MAIL ADDRESS: [Insurance Carrier Email Address] Insurance Carrier City, State, Zipl INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: INSURED INSURER B: [Business Name] INSURER C: [Business Address] INSURER D : [Business City, State, Zip] INSURER E : INSURER F : **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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS **POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE** \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY Ιx CLAIMS-MADE X OCCUR MED EXP (Any one person) [Policy#] [Start Date] [End Date] PERSONAL & ADV INJURY **GENERAL AGGREGATE** \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG S POLICY OMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS **UMBRELLA LIAB OCCUR EACH OCCURRENCE** ŝ **EXCESS LIAB CLAIMS-MADE AGGREGATE** s DED RETENTIONS **WORKERS COMPENSATION** AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? E.L. EACH ACCIDENT [Policy#] [Start Date] [End Date] (Mandatory in NH) E.L. DISEASE - EA EMPLOYER S DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The Regents of the University of California are named as Additional Insured. **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE The Regents of the University of California THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Contracts & Property Office - SAASB Bldg ACCORDANCE WITH THE POLICY PROVISIONS. Rm. 3203 University of California AUTHORIZED REPRESENTATIVE Santa Barbara CA 93106-2095