

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	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.	
INSURED  <b>INSURED'S NAME</b> <b>INSURED'S ADDRESS</b>	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: <b>INSURANCE COMPANY NAME</b>	
	INSURER B: <b>INSURANCE COMPANY NAME</b>	
	INSURER C: <b>INSURANCE COMPANY NAME</b>	
	INSURER D: <b>INSURANCE COMPANY NAME</b>	
	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 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	<b>POLICY #</b>	<b>00/00/00</b>	<b>00/00/00</b>	EACH OCCURRENCE	<b>\$1,000,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$50,000</b>
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	<b>\$5,000</b>
						PERSONAL & ADV INJURY	<b>\$1,000,000</b>
						GENERAL AGGREGATE	<b>\$2,000,000</b>
						PRODUCTS - COMP/OP AGG	<b>\$2,000,000</b>
		GEN'L AGGREGATE LIMIT APPLIES PER:					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B		<b>AUTOMOBILE LIABILITY</b>	<b>POLICY #</b>	<b>00/00/00</b>	<b>00/00/00</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$1,000,000</b>
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS							
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AGG	\$
C		<b>EXCESS/UMBRELLA LIABILITY</b>	<b>POLICY #</b>	<b>00/00/00</b>	<b>00/00/00</b>	EACH OCCURRENCE	<b>\$5,000,000</b>
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	<b>\$5,000,000</b>
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION <b>\$ 10,000</b>					\$
							\$
D		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>POLICY #</b>	<b>00/00/00</b>	<b>00/00/00</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				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>OTHER</b>						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**REFERENCE JOB AND LOCATION HERE (ie Plumbing Work at 123 Main Street, NY, NY)**  
**INCLUDED AS ADDITIONAL INSURED ARE:**  
 -The Research Foundation of the City University of New York  
 -The City University of New York  
 -The Dormitory Authority of the State of New York (must be named only if the building is owned by DASNY)

<b>CERTIFICATE HOLDER</b>  <b>RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK</b> <b>230 WEST 41 STREET</b> <b>NEW YORK, NY 10036</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

SAMPLE