ACORD [®] CERTIFICATE OF LIABILITY INSURANCE								1	DATE (MM/DD/YYYY) mm/dd/yyyy
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).									
PRODUCER CONTACT									
so	OUTHWEST SPECIAL RISK INSU	NAME: PHONE (A/C No Evt): ###-####-####							
3116 W. 5 TH ST. STE 106				E-MAIL					
FORT WORTH, TX 76107-2140				ADDRESS:					NAIC #
					INSURER(S) AFFORDING COVERAGE				
		INSURER	INSURER A : United States Fire Insurance Company						
	URED SPORTS AND RECREATION PROVID PARTICIPATING MEMBERS	INSURER B :							
ть	The Board of Regents of the University of Texas System; TULIP				INSURER C :				
	504 Lavaca Street				INSURER D :				
Au	Austin, TX 78701				INSURER E :				
				INSURER	INSURER F :				
CC	VERAGES CE	ERTIFICATE N	IUMBER: USS311713			RE	VISION NUMB	ER:	1
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 LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
LIIX	GENERAL LIABILITY						EACH OCCURRENCE \$		\$
	X COMMERCIAL GENERAL LIABILITY						FIRE DAMAGE (ANY ONE FIRE)		\$
	CLAIMS-MADE X OCCUR						MED EXP (Any on	e person)	\$
Α			SAMPLE		05/31/2016 12:01 AM	05/31/2017 12:01 AM	PERSONAL & ADV INJURY \$		\$
							GENERAL AGGRE	GENERAL AGGREGATE \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM	MP/OP AGG	\$
	X POLICY PRO- JECT LOC								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE L (Ea accident)	IMIT	\$
	ANY AUTO						BODILY INJURY (Per person) \$		\$
	ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per accident) \$		\$	
	HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)		\$
									\$
	UMBRELLA LIAB OCCUR						EACH OCCURREI	NCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$
	DED RETENTION \$						WC STATU-	OTH-	\$
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE						TORY LIMITS	ER	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCID		\$ \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - PO		» Տ
	DESCRIPTION OF OF EXAMONS DROW								•
	CRIPTION OF OPERATIONS / LOCATIONS / VEH TAILS OF EVENT INSURANCE IS ISS	•	ORD 101, Additional Remarks Sc	hedule, if more	e space is requ	uired)			
CE	RTIFICATE HOLDER	CANCELLATION							
The University of Texas Tyler 3900 University Blvd. Tyler, TX 75799				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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