

# APPENDIX A

## Certificate of Liability Insurance – Sample Form



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2.9.2024

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).

<b>PRODUCER</b>  Superstar Insurance Brokerage Firm 5300 Cielo Vista dr. Austin, TX 78724	<b>CONTACT NAME:</b> John Hancock <b>PHONE (A/C, No, Ext):</b> 512-499-4545 <b>FAX (A/C, No):</b> 512-499-4554 <b>E-MAIL ADDRESS:</b> jhancock@superstar.com														
<b>INSURED</b>  XYZ Company, Inc. 15 Flats Street Houston, TX 77008	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Chubb Indemnity Insurance Company</td> <td>12777</td> </tr> <tr> <td>INSURER B : ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER C : Liberty Mutual Fire Insurance Company</td> <td>23035</td> </tr> <tr> <td>INSURER D : Evanston Insurance Company</td> <td>53578</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Chubb Indemnity Insurance Company	12777	INSURER B : ACE American Insurance Company	22667	INSURER C : Liberty Mutual Fire Insurance Company	23035	INSURER D : Evanston Insurance Company	53578	INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Chubb Indemnity Insurance Company	12777														
INSURER B : ACE American Insurance Company	22667														
INSURER C : Liberty Mutual Fire Insurance Company	23035														
INSURER D : Evanston Insurance Company	53578														
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						\$
B	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

#### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The University of Texas System Board of Regents, The University of Texas System, The University of Texas at Tyler, and The University of Texas Health Science Center at Tyler are named as Additional Insureds as required by written contract. A Waiver of Subrogation in favor of The University of Texas System Board of Regents, The University of Texas System, The University of Texas at Tyler, and The University of Texas Health Science Center at Tyler as required by written contract.

Umbrella Liability is follow-form.

Primary and Non-Contributory coverage is provided as required by written contract.

#### CERTIFICATE HOLDER

The University of Texas System Board of Regents  
 The University of Texas System  
 The University of Texas at Tyler  
 The University of Texas Health Science Center at Tyler

3900 University Blvd.  
 Tyler, TX 75799

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

#### AUTHORIZED REPRESENTATIVE

\*\*Authorized Representative Signature - NOT A STAMP\*\*

ACORD 25 (2010/05)

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

## APPENDIX A

### Certificate of Liability Insurance – Quick Tips

#### Quick Tips: Understanding the Acord Certificate of Insurance

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 07/14/2011

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 endorsements(s).

**1. PRODUCER**  
Insurance Agent/Broker who issues certificates.  
Joe Broker  
712 East Houston Street  
Dallas, TX 77777-6151

**2. NAME OF INSURED**  
Must be the legal name of the contracting party.  
Charlie Company, Inc.  
200 East River Road  
Austin, TX 78767

**3. TYPES OF INSURANCE**  
Must include the types of insurance required by contract.

**4. POLICY FORM**  
"Claims made" or "occurrence" form; see Glossary for definitions.

**5. AGGREGATE LIMIT**  
An aggregate per policy limit applies for the entire policy year; a per project aggregate is applied to individual projects; a per location limit applies the aggregate separately to each location.

**6. ADDITIONAL INSURED/WAIVER OF SUBROGATION**  
The Board of Regents of The University of Texas System must be named additional insured with a waiver of subrogation.

**7. CERTIFICATE HOLDER**  
Must be The Board of Regents of The University of Texas System.

**8. POLICY EFFECTIVE DATE**  
Must be prior to or coincidental with effective date of contract.

**9. POLICY EXPIRATION DATE**  
If occurrence form, date must be on or after termination of contract.

**10. LIMITS OF INSURANCE**  
Must be the same or greater than required by contract.

**11. DESCRIPTION OF OPERATIONS**  
Typically used for additional information. Place, event times and projects are sometimes described here.

**12. NOTICE OF CANCELLATION**  
Refer to policy to determine carrier's practices regarding cancellation.

**13. AUTHORIZED REPRESENTATIVE**  
Must be signed, not stamped.

**COVERAGES**

TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
				AMOUNT	PERIOD
<b>GENERAL LIABILITY</b>					
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
<input type="checkbox"/> CLERICAL					
<input checked="" type="checkbox"/> OCCUR					
<b>AGGREGATE LIMIT APPLIES PER:</b>					
<input type="checkbox"/> POLICY					
<input type="checkbox"/> PROJECT					
<input type="checkbox"/> LOCATION					
<b>AUTOMOBILE LIABILITY</b>					
<input checked="" type="checkbox"/> ANY AUTO					
<input checked="" type="checkbox"/> OWNED					
<input checked="" type="checkbox"/> HIREN					
<input checked="" type="checkbox"/> NON-OWNED					
<input checked="" type="checkbox"/> AUTOMOBILE					
<input type="checkbox"/> UMBRELLA					
<input type="checkbox"/> EXCESS					
<input type="checkbox"/> LIAB					
<input type="checkbox"/> OCCUR					
<input type="checkbox"/> CLAIMS-MADE					
<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>					
<input type="checkbox"/> ANY EMPLOYER					
<input type="checkbox"/> CONTRACTOR/RECURSIVE					
<input type="checkbox"/> OCCUR					
<input type="checkbox"/> CLAIMS-MADE					
<input type="checkbox"/> EMPLOYER					
<input type="checkbox"/> DESCRIPTION OF OPERATIONS					
<b>DESCRIPTION OF OPERATIONS (LOCATIONS - VEHICLES)</b> (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
<b>CERTIFICATE HOLDER</b>	The Board of Regents of The University of Texas System 220 West Seventh Street Austin, TX 78701				
<b>CANCELLATION</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE MUST BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
<b>AUTHORIZED REPRESENTATIVE</b>	Joe Broker				

ACORD 25 (2010/05) The ACORD name and logo are registered marks of ACORD

- 1. THE PRODUCER:** Produces or orders Certificate for Insured; answers questions, revises certificate to meet contract requirements.
- 2. NAME OF INSURED:** Must be legal name of contracting party.
- 3. TYPES OF INSURANCE:** Must include types required by contract.
- 4. POLICY FORM:** Will indicate claims-made or occurrence form; see "9. Policy Expiration Date" for additional information.
- 5. AGGREGATE LIMIT:** An aggregate per policy limit applies for the entire policy period (usually one year); a per project aggregate is applied to individual projects; a per location limit applies the aggregate separately to each location.
- 6. ADDITIONAL INSURED/WAIVER OF SUBROGATION:** The certificate must include a "V" for additional insured and waiver of subrogation.
- 7. CERTIFICATE HOLDER:** Must be the Board of Regents of The University of Texas System; address must include campus, department and contact person.

- 8. POLICY EFFECTIVE DATE:** Must be prior to or coincidental with effective date of contract.
- 9. POLICY EXPIRATION DATE:** For "occurrence" form coverage, date should be on or after the termination date of contract. If "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.
- 10. LIMITS OF INSURANCE:** Must be same or greater than required by contract.
- 11. DESCRIPTION OF OPERATIONS:** Review information in this section to determine it is consistent with contract.
- 12. NOTICE OF CANCELLATION:** Refer to policy to determine carrier's practices regarding cancellation.
- 13. AUTHORIZED REPRESENTATIVE:** Must be signed by an authorized representative of Producer.