SECTION 00 62 16 – CERTIFICATE OF INSURANCE

PART 1 - GENERAL

1.1 RELATED DOCUMENTS (Not Applicable)

1.2 SUMMARY (Not Applicable)

1.3 DEFINITIONS (Not Applicable)

1.4 CERTIFICATE OF INSURANCE
   A. Sample Certificate of Liability Insurance and language.
   B. Sample Evidence of Property Insurance (Builder’s Risk)
   C. A copy of the above noted forms are attached to the end of this section.

1.5 PROCEDURE (Not Applicable)

PART 2 - PRODUCTS (Not Applicable)

PART 3 - EXECUTION (Not Applicable)

END OF SECTION 00 62 16
**CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 have ADDITIONAL INSURED provisions or 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**
- **COMPANY:**
- **ADDRESS:**
- **CITY, STATE, ZIP CODE:**

**CONTACT**
- **NAME:**
- **PHONE:**
- **FAX:**
- **EMAIL:**
- **NAIC #:**

**INSURER(S) AFFORDING COVERAGE**
- **INSURER A:**
- **INSURER B:**
- **INSURER C:**
- **INSURER D:**
- **INSURER E:**
- **INSURER F:**

**COVERAGE**

<table>
<thead>
<tr>
<th>CERTIFICATE NUMBER</th>
<th>REVISION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
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**INSR LTR** | **TYPE OF INSURANCE** | **ADDL SUBWR** | **POLICY NUMBER** | **POLICY EFF (MM/DD/YYYY)** | **POLICY EXP (MM/DD/YYYY)** | **LIMITS** |
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<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>N</td>
<td>POLICY NUMBER</td>
<td>01/01/2019</td>
<td>01/01/2020</td>
<td>EACH OCCURRENCE $ 1,000,000</td>
</tr>
<tr>
<td></td>
<td>CLAIMS-MADE</td>
<td>X</td>
<td>OCCUR</td>
<td></td>
<td></td>
<td>DAMAGE TO RENTED PREMISES (Ea occurrence) $</td>
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<tr>
<td></td>
<td>POLLUTION LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MED EXP (Any one person) $</td>
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<tr>
<td></td>
<td>GENL AGGREGATE LIMIT APPLIES PER:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY $ 1,000,000</td>
</tr>
<tr>
<td></td>
<td>POLICY</td>
<td>X</td>
<td>PROJECT</td>
<td>LOC</td>
<td></td>
<td>GENERAL AGGREGATE $ 2,000,000</td>
</tr>
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<td></td>
<td>OTHER:</td>
<td></td>
<td></td>
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<td></td>
<td>PRODUCTS - COMPOP AGG $ 2,000,000</td>
</tr>
<tr>
<td>B</td>
<td>AUTOMOBILE LIABILITY</td>
<td>Y</td>
<td>POLICY NUMBER</td>
<td>01/01/2019</td>
<td>01/01/2020</td>
<td>COMBINED SINGLE LIMIT (Ea accident) $ 1,000,000</td>
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<td></td>
<td>ANY AUTO</td>
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<td></td>
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<td>BODILY INJURY (Per person) $</td>
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<td></td>
<td>OWNED AUTOS ONLY</td>
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<td></td>
<td></td>
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<td>BODILY INJURY (Per accident) $</td>
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<td>HIRED AUTOS ONLY</td>
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<td>PROPERTY DAMAGE (Per accident) $</td>
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<td>SCHEDULED AUTOS</td>
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<td>NON-OWNED AUTOS ONLY</td>
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<td>UMBRELLA LIABILITY</td>
<td>Y</td>
<td>OCCUR</td>
<td>CLAIMS-MADE</td>
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<td>EACH OCCURRENCE $</td>
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<td></td>
<td>EXCESS LIABILITY</td>
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<td>AGGREGATE $</td>
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<td>RETENTION</td>
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<tr>
<td>D</td>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>Y/N</td>
<td>POLICY NUMBER</td>
<td>01/01/2019</td>
<td>01/01/2020</td>
<td>E.L. EACH ACCIDENT $ 100,000</td>
</tr>
<tr>
<td></td>
<td>ANY/PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER/EXCLUDED? (Mandatory in NH)</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td>E.L. DISEASE - EA EMPLOYEE $ 100,000</td>
</tr>
<tr>
<td></td>
<td>If yes, describe under DESCRIPTION OF OPERATIONS below</td>
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<td></td>
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<td>E.L. DISEASE - POLICY LIMIT $ 500,000</td>
</tr>
<tr>
<td>E</td>
<td>PROFESSIONAL LIABILITY</td>
<td>Y</td>
<td>POLICY NUMBER</td>
<td>01/01/2019</td>
<td>01/01/2020</td>
<td>Each Occurrence $ 2,000,000</td>
</tr>
<tr>
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<td></td>
<td>Aggregate $ 2,000,000</td>
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</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

The Regents of the University of Colorado, a Body Corporate are named as Additional Insured as respects General, Pollution and Automobile Liability policies.

The Automobile, Workers Compensation and Professional Liability policies are endorsed to include a Waiver of Subrogation in favor of The Regents of the University of Colorado, a Body Corporate.

**CERTIFICATE HOLDER**

The Regents of the University of Colorado
Attn: Project Management
1945 North Wheeling Street, Campus Mail stop F-418
Aurora, CO 80045

**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

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EVIDENCE OF PROPERTY INSURANCE

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY
COMPANY
PHONE A/C No. Ext.
ADDRESS
CITY, STATE, ZIP CODE

FAX A/C No.
E-MAIL ADDRESS
CODE
SUB CODE
AGENCY CUSTOMER ID:

INSURED
INSURER NAME
INSURED ADDRESS
INSURED CITY, STATE, ZIP CODE

PROPERTY INFORMATION
LOCATION/DESCRIPTION
LOCATION OF PROJECT
Builders Risk is required for new buildings or alterations to existing buildings
and for materials and equipment to be installed in existing structures.

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION
PERILS INSURED BASIC BROAD X SPECIAL

AMOUNT OF INSURANCE DEDUCTIBLE

COVERAGES / PERILS / FORMS
Builders Risk - 100% of Completed Value
100% Project Value $50,000 or les

REMARKS (Including Special Conditions)
RE: Specific Project

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.

ADDITIONAL INTEREST
NAME AND ADDRESS

The Regents of the University of Colorado
Attn: Project Management
1945 North Wheeling Street, Campus Mail stop F-418
Aurora, CO 80045

X ADDITIONAL INSURED
MORTGAGEE

X LENDER'S LOSS PAYABLE
Waiver of Subrogation

LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE SIGNATURE

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