



**STANDARD INSURANCE REQUIREMENTS
Goods and Services – Events with Alcohol**

The Vendor shall obtain and maintain, and cause its sub-contractors to obtain and maintain, at their own expense and for the duration of the Contract, the minimum insurance coverages set forth below. By requiring such minimum insurance, the University shall not be deemed or construed to have assessed the risk that may be applicable to the Vendor under this Contract. The Vendor shall assess its own risks and if it deems appropriate and/or prudent, maintain higher limits and/or broader coverages. Neither the Vendor nor its sub-contractors, under this agreement, are relieved of any liability or other obligations assumed or pursuant to the Contract by reason of its failure to obtain or maintain insurance in sufficient amounts, duration, or types. Vendor and any persons employed by Vendor for the performance of work hereunder shall be independent Vendors and not agents of the University of Colorado.

COVERAGES

Commercial General Liability – ISO most current form or its equivalent. Coverage to include:

General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal/Advertising Injury	\$1,000,000

Commercial Liquor Liability

Liquor Liability can be included in the General Liability policy if added by endorsement to the policy. If you are in the business of serving, selling, or manufacturing alcohol, Host Liquor Liability coverage may not be substituted for Liquor Liability.

Liquor Liability Each Occurrence Limit	\$1,000,000
Liquor Liability Aggregate Limit	\$1,000,000

Workers Compensation (This requirement shall not apply when a contractor or subcontractor is exempt under Colorado Workers’ Compensation Act)

Coverage A (Workers’ Compensation)	Statutory
Coverage B (Employers Liability)	\$100,000 Each Accident
	\$100,000 Disease Each Employee
	\$500,000 Disease Policy Limit

ADDITIONAL INSURANCE REQUIREMENTS

1. All insurers must be licensed or approved to do business within the State of Colorado and possess a minimum A.M. Best’s Insurance Guide rating acceptable to the University of Colorado.
2. The Vendor shall provide the University of Colorado a Certificate of Insurance evidencing all required coverages before commencing work or entering the University of Colorado premises. The certificate holder shall be: *The Regents of the University of Colorado, a body corporate, 1800 Grant St. Suite 700, Denver, CO 80203.*
3. The Vendor shall name “**The Regents of the University of Colorado, a body corporate**” as an Additional Insured with respect the general liability and liquor liability policies. The Vendor agrees that the insurance requirements specified in the Contract do not reduce the liability Vendor has assumed in the Contract.
4. A waiver of subrogation in favor of the University of Colorado must apply under the Workers’ Compensation policy.
5. All insurance policies will be written on a primary basis, non-contributory with any other insurance coverages and/or self-insurance carried by the University of Colorado.
6. The parties hereto understand and agree that The University of Colorado is relying on and does not waive or intend to waive by any provision of this Contract the monetary limitations or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, 24-10-101 *et seq.*, as from time to time amended, or otherwise available to the University or its officers, employees, agents, and volunteers.
7. The University and Vendor shall cooperate with each other in the collection of any insurance proceeds which may be payable in the event of any loss, including the execution and delivery of any proof of loss or other actions required to effect recovery.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Current 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 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 Producer Name Address City State Zip Code	CONTACT NAME: Contact Name PHONE (A/C. No. Ext): Phone Number FAX (A/C. No.): E-MAIL ADDRESS: Email Address																				
	<table border="1" style="width:100%;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Insurer A</td> <td>123456</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Insurer A	123456	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER F:																					
INSURED Insurer Name Address City State Zip Code																					

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		Policy Number	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	Policy Number	MM/DD/YY	MM/DD/YY	<table border="1" style="width:100%;"> <tr> <th></th> <th>PER STATUTE</th> <th>OTHER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 100,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 500,000</td> </tr> </table>		PER STATUTE	OTHER	E.L. EACH ACCIDENT		\$ 100,000	E.L. DISEASE - EA EMPLOYEE		\$ 100,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000
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E.L. DISEASE - EA EMPLOYEE		\$ 100,000																	
E.L. DISEASE - POLICY LIMIT		\$ 500,000																	
A	Liquor Liability - If not included above in General Liability Policy	X		Policy Number	MM/DD/YY	MM/DD/YY	Each Occurrence \$ 1,000,000 Aggregate \$ 2,000,000												

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, named as Additional Insured. A Waiver of Subrogation applies in favor of the Additional Insured.

CERTIFICATE HOLDER The Regents of the University of Colorado, a body corporate School/College Department Address City State Zip Code	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 <i>Signature</i>