

Risk Management
CHECKLIST OF REQUIRED
COMMERCIAL INSURANCE
COVERAGE

Updated 09.17.2015

All contractors providing Southern Utah University services or any entity holding an event on Southern Utah University's campus shall be required to comply with the insurance requirements of the State of Utah and the Division of Risk Management.

The following is a checklist of the type of documentation needed to verify compliance with insurance requirements.

Items numbered 1 and 2 below should appear in the Certificate of Insurance.

- 1) **Authorization to do Business in Utah/Rating:** The insurance carrier must be authorized to do business in the State of Utah and must specify in the Certificate of Insurance, Description of Operations section that the insurance company:

Has a rating of "A-" or better, with a financial size category of Class VII or larger, according to the ratings and financial size categories published by A.M. Best Company **OR** it must

Provide documentation verifying that it (the insurance carrier) **is reinsured** by another affiliated insurance company that **does meet** the required rating and class size requirements.

- 2) **A Certificate of Insurance** showing:

A. General liability insurance of \$1,000,000 per occurrence and \$3,000,000 aggregate;

B. Automobile insurance: Evidence of automobile insurance coverage is only required if the contractor is providing transportation services or the event is providing transportation to participants. Insurance policies for **commercial business entities** must provide for a combined single limit, or the equivalent, of not less than \$1,000,000 and \$3,000,000 aggregate;

C. Professional liability insurance of \$1,000,000 per occurrence and \$3,000,000 aggregate. (However, professional liability insurance is only applicable and required if the Contractor, any of the Contractor's employees and/or Subcontractors provides a client service that requires professional licensure);

D. Excess/Umbrella is required if any of the required insurance coverage amounts is not met. When that occurs, the Certificate of Insurance must include the Excess/Umbrella on *both* the Certificate of Liability Insurance and the Additional

Insured Endorsement and *must specify to which insurance (GL, PL or Auto) the excess/Umbrella insurance applies.*

**** Please see the attached sample certificate on Page 3.***

3) An Additional Insured Endorsement must be submitted that states: *"The State of Utah, Southern Utah University and all its departments, offices, divisions, officers and employees are Additional Insureds, with primary coverage for General Liability and Professional Liability (and the Excess/Umbrella policy, if applicable)."* The quoted language should also be contained in the Certificate of Insurance, but does not meet the insurance requirements without a separate "Additional Insured Endorsement" that contains the above-quoted language in this Paragraph 3.

****Please see the attached sample additional insured endorsement on Page 4.***

If any of the above items are not applicable, please identify those items below and explain why they are not applicable. For example, automobile insurance may not be applicable, because the contractor is not providing transportation services.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/25/2013

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 Your Insurance Provider	CONTACT NAME	
	PHONE (AC, No. Ext.)	FAX (AC, No.)
INSURED Your Company Name Your Address	E-MAIL ADDRESS	
	INSURERS AFFORDING COVERAGE	
	INSURER A	NAIC #
	INSURER B	
	INSURER C	
	INSURER D	

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	ADD. SUBR. INSR. EVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$
	GENL AGGREGATE LIMIT APPL IFS PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS Hired AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS	If applicable			COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE	If applicable			EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATU-TORY LIMITS \$ OTH ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A						Combined Limit

DESCRIPTION OF OPERATIONS (Mandatory in NH)
Event:
Your event description
The State of Utah, Southern Utah University and all its departments, offices, divisions, officers and employees are Additional Insureds, with primary coverage for General Liability and Professional Liability (and the Excess/Umbrella policy, if applicable).

CERTIFICATE HOLDER Southern Utah University 351 West University Blvd Cedar City, UT 84720	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 Signature
--	--

ACORD 25 (2010/05) © 1988-2010 ACORD CORPORATION. All rights reserved.
INS025 (2010/05/14) The ACORD name and logo are registered marks of ACORD

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<p>ANY PERSON OR LEGAL ENTITY IN WHICH YOU HAVE A WRITTEN CONTRACT, AGREEMENT, OR PERMIT WHICH REQUIRES THAT YOU NAME THE CONTRACTING PARTY AS AN ADDITIONAL INSURED.</p> <p><i>"The State of Utah, Southern Utah University and all its departments, offices, divisions, officers and employees are Additional Insureds, with primary coverage for General Liability and Professional Liability (and the Excess/Umbrella policy, if applicable)."</i></p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured any person(s) or organization(s) (referred to below as vendor) shown in the Schedule, but only with respect to "bodily injury" or "property damage" arising out of "your products" shown in the Schedule which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

B. The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.

C. The limits of Insurance afforded to an additional insured shall be the lesser of the following:

1. The Limits of Insurance required by the written agreement between the parties; or
2. The Limits of Insurance provided by this coverage Part

D. With respect to the insurance afforded to an additional insured, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.