

UNIVERSITY OF GEORGIA INSURANCE REQUIREMENTS

Insurance for Building Remodeling, Construction & Consulting:

Provider shall furnish to UGA a Certificate of Insurance (COI) indicating that the following coverage is in effect and naming officers, agents and employees of the Board of Regents as additional insured.

Type of Insurance	Coverages	Limits
a. Commercial General Liability (1996 ISO Occurrence Forms or its equivalent)	Premises and Operations Products and Completed Operations Personal and Advertising Injury General Aggregate	\$1,000,000 per occurrence \$2,000,000 per occurrence \$1,000,000 per occurrence \$2,000,000 per project
b. Business Automobile Liability		\$1,000,000 CSL
c. Commercial Umbrella Liability		\$2,000,000 per occurrence
d. Workers Compensation (1) Employers Liability	Statutory Limits Bodily Injury by Accident Bodily Injury by Disease	\$1,000,000 per accident \$1,000,000 per employee

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES shall say:

"ALL UGA PROJECTS" or, " All PROJECTS UNDER "*insert firm's task order or IDIQ number.*"

The certificate holder on the bottom left of page 1 shall be:

Board of Regents of the University System of Georgia
On Behalf of The University of Georgia
270 Washington Street SW, 6th Floor
Atlanta, GA 30334

ADDITIONAL INSURED shall name (may be on page 2):

ALL UNIVERSITY OF GEORGIA PROJECTS & The University of Georgia Officers, Employees & Agents

If deemed necessary due to the nature of the work performed additional umbrella coverage shall be required. This stipulation, and if required, shall be found in the contract document "**UGA DESIGN & CONSTRUCTION SPECIAL CONDITIONS.**"

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 any rights to the certificate holder in lieu of such endorsement(s).

		CONTACT NAME: PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A :	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
NAME OF COMPANY DOING BUSINESS WITH UGA WITH dba INCLUDED			

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						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
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE	\$2,000,000 *
							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	<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N	N / A	X			PER STATUTE	OTH- ER
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$
A	Contractor's Pollution Liability**						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)

For Info Only "All UGA Projects" **See Contract for details when Pollution Liability insurance is required.

*When the building and contents combined value is less than \$10,000,000, the Excess Umbrella Liability for projects requiring a Hot Work permit shall meet or exceed the building and contents combined value. If the combined building and contents value exceeds \$10,000,000 and a Hot Work permit is required, the Excess Umbrella Liability coverage shall be increased to \$10,000,000 per occurrence and \$10,000,000 aggregate. Otherwise all Contractors are required to carry the minimum requirement of \$2,000,000 Excess Umbrella Liability coverage for all projects, regardless of hot work permit status.

CERTIFICATE HOLDER

CANCELLATION

Board of Regents of the University System of Georgia On Behalf of The University of Georgia 270 Washington Street SW, 6th Floor Atlanta, GA 30334	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>Frank T. Allen Jr.</i>

The following phrase may appear on first or second page of the COI, but it must be included:

ADDITIONAL INSURED shall name ALL UNIVERSITY OF GEORGIA PROJECTS & The University of Georgia Officers, Employees & Agents