

CERTIFICATE OF LIABILITY
INSURANCE

PRODUCER	COMPANIES AFFORDING COVERAGE Insurance is to be placed with duly licensed or approved non-admitted insurers in the State of Arizona with an A.M. Best rating of not less than A- VII.		CURRENT A.M. BEST RATING
	A		
	B		
INSURED	C		

Contractor shall furnish Northern Arizona University with certificates of insurance (ACORD form or equivalent approved by the State of Arizona). The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by Northern Arizona University before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY : OCCURRENCE Policy shall include bodily injury, property damage, personal injury & broad form contractual liability coverage. Liquor Liability \$1,000,000 (if Applicable)				GENERAL AGGREGATE	\$ 2,000,000
					EACH OCCURRENCE	\$ 1,000,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					PRODUCTS-COMPLETED OPERATIONS AGGREGATE	\$ 1,000,000
					FIRE LEGAL LIABILITY	\$ 50,000
					BLANKET CONTRACTUAL LIABILITY - Written and Oral	\$ 1,000,000
	AUTOMOBILE LIABILITY : Any (bodily injury & property damage for any owned, hired, and/or non-owned vehicles used in the performance of this contract)				COMBINED SINGLE LIMIT	\$ 1,000,000
	PROFESSIONAL LIABILITY (Errors & Omissions Liability) 9 CLAIMS MADE 9 OCCURRENCE				EACH CLAIM	
					ANNUAL AGGREGATE	
	EXCESS LIABILITY 9 UMBRELLA FORM 9 OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	
	WORKERS COMPENSATION EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	\$ 500,000
					DISEASE-POLICY LIMIT	\$ 1,000,000
					DISEASE-EA EMPLOYEE	\$ 500,000

THE FOLLOWING SHALL BE INCLUDED ON THE CERTIFICATE OF INSURANCE:

- **ADDITIONAL INSURED:** THE POLICIES FOR GENERAL LIABILITY AND AUTOMOBILE LIABILITY SHALL BE ENDORSED TO INCLUDE THE FOLLOWING ADDITIONAL INSURED LANGUAGE: "THE STATE OF ARIZONA, ITS DEPARTMENTS, AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES AND ITS OFFICERS, OFFICIALS, AGENTS, AND EMPLOYEES SHALL BE NAMED AS ADDITIONAL INSUREDS WITH RESPECT TO LIABILITY ARISING OUT OF THE ACTIVITIES PERFORMED BY OR ON BEHALF OF THE NAMED INSURED."
- **PRIMARY COVERAGE:** THE COVERAGE AFFORDED UNDER THIS CERTIFICATE SHALL BE PRIMARY AND ANY INSURANCE CARRIED BY NORTHERN ARIZONA UNIVERSITY, THE ARIZONA BOARD OF REGENTS, OR THE STATE OF ARIZONA SHALL BE EXCESS AND NOT CONTRIBUTORY INSURANCE TO THAT PROVIDED BY THE NAMED INSURED.
- **NOTICE OF CANCELLATION:** EACH INSURANCE POLICY REQUIRED BY THE INSURANCE PROVISIONS OF THIS CONTRACT SHALL PROVIDE THE REQUIRED COVERAGE AND SHALL NOT BE SUSPENDED, VOIDED, CANCELED, OR REDUCED IN COVERAGE OR IN LIMITS EXCEPT AFTER THIRTY (30) DAYS PRIOR WRITTEN NOTICE HAS BEEN GIVEN TO NORTHERN ARIZONA UNIVERSITY.
- **WAIVER OF SUBROGATION:** COMMERCIAL GENERAL LIABILITY AND WORKERS' COMPENSATION POLICIES SHALL CONTAIN A WAIVER OF SUBROGATION AGAINST THE STATE OF ARIZONA, ITS DEPARTMENTS, AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES & ITS OFFICERS, OFFICIALS, AGENTS, & EMPLOYEES FOR LOSSES ARISING FROM WORK PERFORMED BY OR ON BEHALF OF THE NAMED INSURED.

CERTIFICATE HOLDER/ADDITIONAL INSURED NORTHERN ARIZONA UNIVERSITY, THE ARIZONA BOARD OF REGENTS, AND THE STATE OF ARIZONA NAU, DEPARTMENT OF SAFETY AND ENVIRONMENTAL SERVICES P.O. BOX 4067 FLAGSTAFF, AZ 86011	AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY SIGNATURE DATE
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