1COND

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) DATE ISSUED

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 endorsem				ginto to the	
PRODUCER		CONTACT Insurance Agent			
		PHONE Insurance Agent Phone Number FAX (A/C, No):			
SUPPLIER OF INSURANCE		E-MAIL ADDRESS: Insurance Agent Phone Email			
		INSURER(S) AFFORDING COVERAGE NAIC #			
		INSURERA: My Insurance C	123456789		
INSURED		INSURER B :			
A sure Develoption		INSURER C :			
Acme Products 123 Mail Street		INSURER D :			
Anytown, USA 12345		INSURER E :			
		INSURER F :			
COVERAGES CERTIF	ICATE NUMBER: 123456789		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. I POLICY FF POLI					
LTR TYPE OF INSURANCE INSU	R WWD POLICY NUMBER			1,000,000	
	123456789	POLICY EFFECTIVE POLICY EXPIR DATE (MM/DD/YY) DATE (MM/DD	M DAMAGE TO RENTED	1,000,000	
			PREMISES (Ea occurrence) \$		
			MED EXP (Any one person) \$		
			PERSONAL & ADV INJURY \$	3,000,000	
			GENERAL AGGREGATE \$	3,000,000	
			PRODUCTS - COMP/OP AGG \$		
			COMBINED SINGLE LIMIT		
			(Ea accident) \$		
ANY AUTO			BODILY INJURY (Per person) \$		
AUTOS AUTOS NON-OWNED			BODILY INJURY (Per accident) \$		
HIRED AUTOS AUTOS			(Per accident)		
			\$		
UMBRELLA LIAB OCCUR			EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE			AGGREGATE \$		
DED RETENTION \$			S S		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			WC STATU- OTH- TORY UMITS ER.		
			E.L. EACH ACCIDENT \$		
(Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE \$		
DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach ACORD 101, Additional Remarks	scnedule, if more space is required)			
Utah Tech University is Additional Insured.					
CERTIFICATE HOLDER		CANCELLATION			
Utah Tech University 225 S. University Ave. St. George, UT 84770		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			
Signed by Insurance Agent					

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