ACORD

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) Must have valid date

	THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VELY OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	UPON THE CERTIFICATE OVERAGE AFFORDED BY	THE POLICIES	
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 CONTACT NAME:									
					PHONE FAX				
					(A/C, No, Ext): E-MAIL ADDRESS:				
					INSURER(S) AFFORDING COVERAGE				
					INSURER A : Must include insurer's full legal name and NAIC #				
INSURED					INSURER B :				
(Insured Name (must match name on agreement) (Insured Address)					INSURER C :				
					INSURER D :				
		INSURER E :							
					INSURER F :				
CC	OVERAGES CER	ENUMBER:		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       TYPE OF INSURANCE       ADDL SUBR INSR       POLICY NUMBER       POLICY EFF (MM/DD/YYYY)       POLICY EXP									
		ADDL SUBR	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY		¢1 000 000	
							EACH OCCURRENCE \$	\$1,000,000	
							PREMISES (Ea occurrence) \$		
A		Y	Adved Bet Delley, Neverland			lease period	MED EXP (Any one person) \$		
			Must list Policy Number		Must cover		PERSONAL & ADV INJURY \$		
							GENERAL AGGREGATE \$	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$		
⊢							COMBINED SINGLE LIMIT		
							(Ea accident) \$ BODILY INJURY (Per person) \$		
	ANY AUTO ALL OWNED SCHEDULED								
	AUTOS AUTOS NON-OWNED								
	HIRED AUTOS AUTOS						(Per accident) 🏾 🔊		
⊢							\$		
							EACH OCCURRENCE \$		
							AGGREGATE \$		
⊢	WORKERS COMPENSATION		-				WC STATU- OTH-		
	AND EMPLOYERS' LIABILITY							500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A	Required if Lessee has		Must cover	lease period			
	(Mandatory in NH)		payroll employees				E.L. DISEASE - EA EMPLOYEE \$	500,000	
⊢	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	500,000	
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (Attach	ACORD 101, Additional Remarks	Schedule	if more space is	required)			
	niversity of Louisiana at Lafayette ("Univer	•			-		m ("Board") and all of their res	spective officers,	
	gents, employees, and volunteers, shall be						,		
(If, in the performance of the underlying contract, an automobile is used, if alcohol is served, or if valet parking is offered, then endorsements for such coverage should be listed here or else indicated above.									
CERTIFICATE HOLDER CANCELLATION									
(University of Louisiana at Lafayette) (104 University Circle) (Lafayette, La. 70503)					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
					RIZED REPRESE				

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