

Certificate of Insurance Documents (COI) FROM Vendors To SMU

Red areas highlight important information

This section gives the name of the underwriting Insurance Company as well as that company's NAIC Code

Date COI was Issued

Policy must be valid at the time of the event that the Vendor is on campus for

Policy Limits

Limits listed here are the minimum limits SMU requires from Vendors

Name of Vendor's Insurance Agency or Broker


Name of insured vendor who sent the Certificate

Shows the letter of the underwriter of this coverage listed under "Insurers Affording Coverage"

Types of coverage Vendor has. SMU most often requires GL, Excess Liability, and Workers Comp

Special insurance, most common include pollution and cyber policies.

SMU must be named as additional insured unless noted otherwise



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<p>PRODUCER</p> <p>Name of Vendors' agent or broker Address City, State, Zip</p>	<p>THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p>												
<p>INSURED</p> <p>Vendors' company name Address City, State, Zip</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Insurance Company A</td> <td>12345</td> </tr> <tr> <td>INSURER B: Insurance Company B</td> <td>56789</td> </tr> <tr> <td>INSURER C: Insurance Company C</td> <td>54321</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Insurance Company A	12345	INSURER B: Insurance Company B	56789	INSURER C: Insurance Company C	54321	INSURER D:		INSURER E:	
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COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	ABC1234567890	6/1/2015	6/1/2016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000.00</td></tr> <tr><td>ADULTS TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000.00</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000.00</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000.00</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000.00</td></tr> <tr><td>PRODUCTS - COMPI/OP AGG</td><td>\$ 1,000,000.00</td></tr> <tr><td>Host Liquor Liability</td><td>\$ 1,000,000.00</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000.00	ADULTS TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000.00	MED EXP (Any one person)	\$ 10,000.00	PERSONAL & ADV INJURY	\$ 1,000,000.00	GENERAL AGGREGATE	\$ 2,000,000.00	PRODUCTS - COMPI/OP AGG	\$ 1,000,000.00	Host Liquor Liability	\$ 1,000,000.00
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B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	EFG09876543210	06/01/2015	06/01/2016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000.00</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$						
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	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	KLM6574839201	06/01/2015	06/01/2016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td><td><input type="checkbox"/> OTHER</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000.00</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	E.L. EACH ACCIDENT	\$ 1,000,000.00	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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	<input checked="" type="checkbox"/> OTHER Specialty Insurance Type A	OPQ0594837261	01/01/2015	01/01/2016															

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Southern Methodist University, its trustees, officers, employees, students, volunteers and agents are named as primary additional insured (as the interest of each insured may appear) as to all insurance coverage required.

<p>CERTIFICATE HOLDER</p> <p>Ellen Shew Holland, ARM Associate Vice President & Chief Risk Officer Southern Methodist University Office of Risk Management P.O. Box 750231 Dallas, Texas 75275-0231</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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COI should be sent to the Risk Management Office at this address

Must be and authorized, hand-written signature from Insurance Broker of Record