####  3.A.12/ FS#6



### ARIZONA BOARD OF REGENTS

**CERTIFICATE OF INSURANCE (FS#6)**

|  |  |  |  |
| --- | --- | --- | --- |
| PROJECT NAME:  |  | NAU PROJECT #: |  |
| PRODUCER |  COMPANIES AFFORDING COVERAGEInsurance 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 of 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 |
|  | GENERAL LIABILITY |  |  |  | GENERAL AGGREGATE | $ 2,000,000 |
|  | COMMERCIAL GENERAL LIABILITY |  |  |  | PRODUCTS-COMP/OP AGG. | $ 1,000,000 |
|  |  OCCURRENCE  |  |  |  | PERSONAL & ADV INJURY | $ 1,000,000 |
|  |  |  |  |  | EACH OCCURRENCE | $ 1,000,000 |
|  |  |  |  |  | FIRE DAMAGE (Any one fire) | $ 50,000 |
|  |  |  |  |  |  |  |
|  | AUTOMOBILE LIABILITY |  |  |  | COMBINED SINGLE LIMIT | $ 1,000,000 |
|  |  ANY AUTO |  |  |  |  |  |
|  | PROFESSIONAL LIABILITY |  |  |  | EACH OCCURRENCE | $ 1,000,000 |
|  |  TYPE: |  |  |  |  |  | AGGREGATE |  |
|  |  CLAIMS MADE OCCURRENCE |  |  |  |  |  |
|  | EXCESS LIABILITY |  |  |  | EACH OCCURRENCE | $ |
|  |  UMBRELLA FORM |  |  |  | AGGREGATE |  |
|  |  OTHER THAN UMBRELLA FORM |  |  |  |  |  |
|  | WORKERS COMPENSATION AND |  |  |  | STATUTORY LIMITS |  |
|  | EMPLOYERS’ LIABILITY |  |  |  | EACH ACCIDENT | $ 1,000,000 |
|  |  |  |  |  | DISEASE-POLICY LIMIT | $ 1,000,000 |
|  |  |  |  |  | DISEASE-EA EMPLOYEE | $ 1,000,000 |
|  | BUILDERS RISK |  |  |  | FACE AMOUNT OF CONTRACT | $ |
|  |  |  |  |  |  |  |
| **THIS CERTIFICATE APPLIES TO ANY AND ALL PROJECTS AT NORTHERN ARIZONA UNIVERSITY. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:** |
| **>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 CONTRACTOR.****>IT IS AGREED THAT COVERAGES AFFORDED UNDER THE POLICIES CERTIFIED IN THIS CERTIFICATE SHALL BE PRIMARY FOR THE PERSON OR ORGANIZATION SHOWN IN THE SCHEDULE, BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF YOUR WORK FOR THAT INSURED BY OR FOR YOU. OTHER INSURANCE AFFORDED TO THAT INSURED WILL APPLY AS EXCESS AND NOT CONTRIBUTE AS PRIMARY TO THE INSURANCE AFFORDED BY THIS ENDORSEMENT.****>It is further agreed that should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder. THIS CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.****>Policies for general liability, AUTO LIABILITY, and workers’ compensation shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universitys & its officers, officials, agents, & employees for losses arising from work performed by or on behalf of the Contractor.** |
| CERTIFICATE HOLDER/ADDITIONAL INSURED**Northern arizona university****the Arizona Board of Regents****the state of arizona** FACILITY SERVICES box 5637 Flagstaff, AZ 86011 | AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY |
| SIGNATURE DATE |

 Insurance-Cert.doc: Rev. 10/14