CERTIFICATE OF LIABILITY INSURANCE   (Example)

DATE (MM/DD/YY)

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 CERTIFCATE 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 endorsements.

PRODUCER (Insert the name, address, city, state & zip code of the insurance carrier here)	CONTACT NAME:
	PHONE (A/C, No. Ext): FAX (A/C, No.):
INSURED Insert the name, address, city, state & zip code of the business/company here)	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

INSURER A:
INSURER B:
INSURER C:
INSURER D:

COVERAGES   CERTIFICATE NUMBER: REVISION NUMBER:

THE POLICES 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.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY** ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR ☐ _____ ☐ _____ **GEN'L AGGREGATE LIMIT APPLIES PER:** ☐ POLICY ☐ PROJECT ☐ LOC	(Insert Policy #)	(Insert Policy Effective Date)	(Insert Policy Expiration Date)	EACH OCCURRENCE FIRE DAMAGE (any 1 fire) MED EXP (any 1 person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS – COMP/OP AGG	$ 2,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
B	**AUTOMOBILE LIABILITY** ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON OWNED AUTOS ☐	(Insert Policy #)	(Insert Policy Effective Date)	(Insert Policy Expiration Date)	COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (per person) BODILY INJURY (per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	**EXCESS LIABILITY** ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $_____				EACH OCCURRENCE AGGREGATE 	$ $ $ $ $
D	**WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY**	(Insert Policy #)	(Insert Policy Effective Date)	(Insert Policy Expiration Date)	☒ WC Statutory ☐ Other E.L. EACH ACCIDENT E.L. DISEASE –EA EMPLOYEE E.L. DISEASE –POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
(Brief description of event, location, date & time)

CERTIFICATE HOLDER	**CANCELLATION**
UNIVERSITY OF OKLAHOMA **BOARD OF REGENTS** **C/O RISK MANAGEMENT** **905 ASP AVENUE, RM 112** **NORMAN, OK 73019**	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