



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/10/2021

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 endorsement(s).

PRODUCER Name and Address of Insurance Broker/Agency	CONTACT NAME: Name of Insurance Broker/Agent	
	PHONE: Phone Number of Insurance Broker	FAX: FAX (A/C-No):
INSURED Name and Address of Company Doing Business As	E-MAIL: Email Address of Insurance Broker/Agent	
	ADDRESS: Address of Insurance Broker/Agent	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Name of Insurer	
	XXXXX	
INSURER B: Name of Insurer		
XXXXX		
INSURER C: Name of Insurer		
XXXXX		
INSURER D: Name of Insurer		
XXXXX		
INSURER E: Name of Insurer		
XXXXX		
INSURER F: Name of Insurer		
XXXXX		

COVERAGES	CERTIFICATE NUMBER:	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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBP INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			12345678	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY	☒	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	☐ CLAIMS-MADE ☐ OCCUR		MED EXP (Any one person) \$ 10,000				
	☒ Contractual Liability		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	☒ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY			12345678	12/31/2023	12/31/2024	Liquor Liability \$ 1,000,000
	☒ ANY AUTO		COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000				
	☒ ALL OWNED AUTOS	☒ SCHEDULED AUTOS	BODILY INJURY (Per person) \$				
	☐ HIRED AUTOS	☒ NON-OWNED AUTOS	BODILY INJURY (Per accident) \$				
							PROPERTY DAMAGE (Per accident) \$
							\$
C	UMBRELLA LIAB	☒		12345678	12/31/2023	12/31/2024	EACH OCCURRENCE 5,000,000
	EXCESS LIAB		AGGREGATE \$				
	DED RETENTION \$		\$				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			12345678	12/31/2023	12/31/2024	☒ WC STATUTORY LIMITS ☐ OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Sexual Misconduct	☒		12345678	12/31/2023	12/31/2024	EACH OCCURRENCE \$1,000,000 AGGREGATE \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			
(F)	Professional liability	Policy Number	12/31/2023 - 12/31/2022
			EACH OCCURRENCE \$1,000,000
	Cyber liability	Policy Number	12/31/2023 - 12/31/2024
			AGGREGATE \$3,000,000
			EACH OCCURRENCE \$5,000,000

The University of Miami, a non-profit corporation, is named as an additional insured with respect to general liability coverage

CERTIFICATE HOLDER	CANCELLATION
University of Miami Risk Management PO Box 248106 I Coral Gables FL 33124-2945	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

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