

UNIVERSITY OF CENTRAL FLORIDA

Advancement | UCF Foundation, Inc.

#### MEMORANDUM

**TO:** Advancement Staff

FROM: Jennifer F. Cerasa, Legal Counsel

**DATE:** January 18, 2019

**SUBJECT:** Insurance Requirement

The Foundation's Fundraising Events Risk Management Guidelines policy requires vendors providing services at an event to provide a certificate of insurance naming the **University of Central Florida Foundation, Inc. and the University of Central Florida Board of Trustees** as additional insureds. The minimum amount of coverage required on the vendor's certificate of insurance is \$1,000,000 (one million dollars) of general liability coverage per occurrence.

Additionally, please provide Additional Insured Endorsement naming the University of Central Florida Foundation, Inc. and the University of Central Florida Board of Trustees.

Existing COI's are stored on the Foundation's legal intranet page. Please ensure the coverage is valid through the date of the event.

Please contact the Foundation's legal staff if you have any questions.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) XX/XX/201X

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement.	A stater	nent o	on	
PRODUCER					CONTACT John Doe							
Insurance Agency, Inc.					PHONE (555) 789-0123 FAX (A/C, No): (555) 012-3451							
1234 No Name Street					E-MAIL   John Doe @ Insurance Agencylno com							
Anywhere, Florida 01234-5678					INSURER(S) AFFORDING COVERAGE						NAIC #	
					INSURER A: ABC Insurance Company					####		
INSURED					INSURER B: DEF Insurance Company					####		
Company A					INSURER C:							
567 Unknown Circle Your City, GA 56789-1234					INSURER D:							
We control of					INSURE	RE:						
					INSURER F:							
COVERAGES CERTIFICATE NUMBER: 18-19 GL AL V						NEVICION NOMESTIC						
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			DL SUBR  SD   WVD   POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	XP (YY) LIMIT		rs		
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	CLAIMS-MADE OCCUR  X \$1M Liquor Liab - Each Common							PREMISES (Ea occurrence) \$				
Α	Cause & Aggregate	Y		XXXXXXXXX		XX/XX/201X	XX/XX/201X	MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000			0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$				
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$				
	OTHER:							\$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$ 1,000			0,000	
	ANY AUTO OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per person) \$				
Α				XXXXXXXXX		XX/XX/201X	XX/XX/201X					
	AUTOS ONLY AUTOS ONLY							(Per accident)				
								Medical Expense \$				
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE				
	CLAINIS-MADE	1						AGGREGATE	\$			
	DED   RETENTION \$   WORKERS COMPENSATION					XX/XX/201X	XX/XX/201X	PER STATUTE	OTH- ER	5		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N								•	. 1.00	0,000	
В	OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)	N/A		XXXXXXXXX						\$ 1,000,000 \$ 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below									1,00		
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
	versity of Central Florida Foundation, Inc. aring out of the acts or omissions of the insure					included as ad	lditional insure	d				
	TIFICATE HOLDED				CANO	TI LATION						
CERTIFICATE HOLDER C					CANC	CANCELLATION						
The University of Central Florida Foundation, Inc. Office of Accounting 12424 Research Pkwy Ste 140						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Orlando, FL 32826					AUTHORIZED REPRESENTATIVE							
					Signature							

POLICY NUMBER: XXXXXXXX

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)								
University of Central Florida Foundation and University of Central Florida Board of Trustees								
Information required to complete this Schedule, if not shown above, will be shown in the Declarations								

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- **A.** In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.