

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/30/2015

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	CONTACT NAME:	AGENT NAME	
AGENCY NAME 123 MAIN ST	PHONE (A/C, No, Ext):	FAX (A/C, No):	
BURBANK CA 91502	E-MAIL ADDRESS:	1.3	
		INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A :	INSURANCE COMPANY NAME	12345
INSURED	INSURER B :		
INSURED NAME 123 MAIN ST	INSURER C :		
BURBANK CA 91502	INSURER D:		
	INSURER E:		
	INSURER F :		

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
А	GENERAL LIABILITY	X		POLICY NUMBER	01/30/2015	01/30/2016	EACH OCCURRENCE	\$ 1,000,000			
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000			
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 10,000			
							PERSONAL & ADV INJURY	\$ 1,000,000			
	X Sexual Assail t & Mo lest at io						GENERAL AGGREGATE	\$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000			
	X POLICY PRO- JECT LOC							\$			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO	V					BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS	X					BODILY INJURY (Per accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$			
							-2. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$			
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$			
							AGGREGATE	\$			
	DED RETENTION\$						, u	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			NYA			E.L. EACH ACCIDENT	\$			
							E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Florida Polytechnic University Board of Trustees is granted additional Insured status by the General Liability and Auto Liability policy with regard to the operations of the named insured when required by written contract or agreement. Excess Liability follows form.

## CERTIFICATE HOLDER CANCELLATION

The Florida Polytechnic University Board of Trustees 4700 Research Way Lakeland, FL., 33805-8531 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