

CERTIFICATE OF INSURANCE

DATE: (MM/DD/YYYY)

PRODUCER Insurance Agent/Broker Name Insurance Agent/Broker Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW	
NAMED INSURED Lessee Name Lessee Address City, State & Zip Code	INSURERS AFFORDING COVERAGE	NAIC #
	Insurer A: Name of Insurance Company	NAIC #
	Insurer C: Name of Insurance Company (if applicable)	NAIC #
	Insurer D: Name of Insurance Company (if applicable)	NAIC #
	Insurer E: Name of Insurance Company (if applicable)	NAIC #

COVERAGES

THIS IS TO CERTIFY THAT THE INSURANCE POLICY LISTED BELOW HAS BEEN ISSUED TO THE ABOVE INSURED NAMED (EVENT HOLDER) FOR THE POLICY PERIOD INDICATED. THE INSURANCE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES) UNLESS AMENDED AS DESCRIBED IN SPECIAL CONDITIONS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOCATION	xx1234-567-890	xx/xx/20xx	xx/xx/20xx	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Each occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS – COMP/OP AGG	\$
	X						\$
B	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	xx123-4567-890	xx/xx/20xx	xx/xx/20xx	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
C	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ <u>Enter Amount</u>	xx1234-567-890	xx/xx/20xx	xx/xx/20xx	EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
D	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under DESCRIPTION OF OPERATIONS below	xx999999	xx/xx/20xx	xx/xx/20xx	<input checked="" type="checkbox"/> WC STATUT-ORY LIMITS <input type="checkbox"/> OTH-ER	
						E.I. EACH ACCIDENT	\$1,000,000
						E.I. DISEASE – EA EMPLOYEE	\$1,000,000
						E.I. DISEAS – POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED

CERTIFICATE HOLDER

San Francisco State University
 ATTN: Dania Russell
 1600 Holloway Avenue
 San Francisco, CA 94132

CANCELLATION

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES, OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of the Additional Insured Person(s) or Organization(s)	Location(s) of Covered Operations
The State of California, the Trustees of the California State University, the San Francisco State University and the officers, employees, volunteers and agents of each of them.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A: 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:

1. Your acts or omissions, or
2. The acts or omissions of those acting on your behalf;

In the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded by such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B: With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to “bodily injury” or “property damage” occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.