



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/01/2025

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. 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

CONTRACT NAME: Broker Joe
PHONE: 210-869-4443 FAX: 210-869-5554
EMAIL: brokerjoe@brokerjoe.org
ADDRESS: INSURER(S) AFFORDING COVERAGE

INSURED

Broker Joe
Address
City, State, Zip Code
Name of Supplier Contracting With
Address
City, State, Zip Code
INSURER A: Indian Harbor Insurance Company MA# 01234
INSURER B: Greenwich Insurance Company 56789
INSURER C: XL Insurance American Inc. 54321
INSURER D: Travelers Insurance Company 45678
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC			Y	ABD12345	01/01/2025 12/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	OTHER:						
	AUTOMOBILE LIABILITY						
<input checked="" type="checkbox"/>	ANY AUTO						
B	OWNED AUTOS ONLY			Y	987654GF	01/01/2025 12/31/2025	
	HIRE AUTOS ONLY						
	SCHEDULED AUTOS ONLY						
	NON-OWNED AUTOS ONLY						
C	UMBRELLA LIAB			Y	HR656478	01/01/2025 12/31/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	EXCESS LIAB						
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			Y	325941	01/01/2025 12/31/2025	EL. EACH ACCIDENT \$ 1,000,000 EL. DISEASE - EA EMPLOYEE \$ 1,000,000 EL. DISEASE - POLICY LIMIT \$ 1,000,000
	DESCRIPTION OF OPERATIONS below						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Trinity University is endorsed as an Additional Insured. Waiver of subrogation in favor of Trinity University.

CERTIFICATE HOLDER**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.

Trinity University
One Trinity Place
San Antonio, TX 78212

AUTHORIZED REPRESENTATIVE
Joe Broker's Signature

Understanding the Acord 25 Certificate of Insurance

PRODUCER: Insurance Agent/Broker who issues Certificates of Insurance.

INSURED: Must be the legal name of the party contracting with.

TYPE OF INSURANCE: Must include the types of insurance required by the Contract.

POLICY FORM: "Claims made" or "Occurrence" form - An occurrence policy covers any incident that happens during the policy period, regardless of when the claim is made. A claims-made policy, on the other hand, only provides coverage for claims that are made during the policy period and are reported within a specific timeframe.

GEN'L AGGREGATE LIMIT: An aggregate per "Policy" limit applies for the entire policy year; a per "Project" aggregate is applied to individual projects; a per "Location" limit applies the aggregate separately to each location.

ADDL INSD: Trinity University must be endorsed as an **Additional Insured**.

SUBR WVD: Waiver of Subrogation in favor of Trinity University.

POLICY EFF: Policy Effective Date must be prior to or coincide with the effective date of the Contract.

POLICY EXP: Policy Expiration Date must be on or after date of termination of Contract. For "Occurrence" form coverage, expiration date should be on or after the termination date of contract.

If "Claims-Made" coverage, the coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.

LIMITS: Limits of Insurance must be the same or greater than required by the Contract.

DESCRIPTION OF OPERATIONS: Typically used for additional information. May include the Additional Insured endorsement information and waiver of subrogation in favor of Trinity University.

CERTIFICATE HOLDER: Must be: Trinity University
One Trinity Place
San Antonio, TX 78212

CANCELLATION: Requires notification of cancellation. Contract language normally requires 30 days' notice of cancellation or restrictive amendment.

AUTHORIZED REPRESENTATIVE: Must be signed, not stamped.