

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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)

PHONE (A/C. No. Ext):   FAX (A/C. No):	PRODUCER CONTACT NAME:											
EAMIL ADDRESS: INSURER A: INSURER A: INSURER A: INSURER B: INSURER							PHONE	PHONE FAX				
INSURER A : INSURER B : INSURER C : INSURE							E-MAIL					
INSURER B: INSURER C: INSURER C: INSURER C: INSURER E: INSURER E: INSURER F: INSURER E: INSURER F: INSURER C: INSURER COMMENT ON THE POLICY PERIOR INTERCED TO A THE POLICY PERIOR IN INSURER CENTER OF THE POLICY PERIOR IN INSURE CENTER OF THE POLICY PERIOR IN INSURER CENTER OF THE POLICY PER												NAIC#
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Builders Risk Cost of Project		If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											Cost	of Project

In lieu of mailing a paper copy, please email certificate to: BOR Facilities-Contracts@usg.edu

> Board of Regents of The University System of Georgia Attn: Director of Contracts & Services, Office of Facilities 270 Washington Street, 6th Floor

Insert Project No. and Project Name -or- "All Jobs"

Atlanta, Georgia 30334

## 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

**CERTIFICATE HOLDER**