# **Certificate of Insurance**

A certificate of insurance provides proof to a third party that a vendor or other business has adequate insurance coverage. Many organizations need to limit their liability when hiring outside vendors or contractors, and a certificate of insurance helps them place liability for injuries or damages back onto the vendor.

### **Main Purpose**

Certificates of insurance are designed to prove your insurance status and amount of coverage while limiting the liability of the other company you are working with. These certificates are most common when two businesses or organizations are working together, specifically if one business is using the equipment or space of another. For example, if you want to sell hot dogs from your food cart on a college campus, the college is likely to request a certificate of insurance. This helps place the insurance burden on you if someone becomes sick from your hot dogs or is someone trips over your power cord and gets hurt.

## **Information Provided**

Certificates of insurance do not just prove you have insurance. They also show what types of coverage you have and the coverage limits. If you are the only employee of your company, you may qualify as a vendor for an organization if you do not have workers' compensation coverage. However, if you add employees, you may need to add proof of workers' compensation coverage to continue as a vendor. In addition, your coverage limits on items such as general liability and professional liability must meet the minimums required by the other business. Most certificates include effective dates of coverage, which means you should send new certificates when you renew or change you insurance.

### **Additional Insured**

Some companies want to be named as an additional insured on your certificate of insurance. This does not give them access to your insurance policy to make changes or discuss past claims, but it reduces their liability even more. Any claims filed against them that arise from your actions or equipment can be sent to your insurance company instead of theirs, reducing their need to pay deductibles and risk higher premiums. Many times, a certificate with an additional insured party is valid for a specific date range or event.



# CERTIFICATE OF LIABILITY INSURANCE

RHATSTU-01 DATE (MM/DD/YYYY)

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	R IIFIGA		DILITIINS	UNANC		11	/19/2014
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSI REPRESENTATIVE OR PRODUCER, AND	VELY OR NEG	SATIVELY AMEND, S NOT CONSTITU	EXTEND OR ALT	FER THE CO	VERAGE AFFORDED	BY TH	IE POLICIES
IMPORTANT: If the certificate holder the terms and conditions of the policy,	is an ADDITIC certain policie	DNAL INSURED, the					
certificate holder in lieu of such endorse PRODUCER	ement(s).		CONTACT				<u></u>
PRODUCER			NAME:		FAX (A/C, No):		
			E-MAIL				
			ADDRESS:				
			INSURER(S) AFFORDING COVERAGE				NAIC #
INSURED			INSURER B :				<u>+</u>
ABC COMPANY ABC Company Address Wichita, KS 67260							
			INSURER D :				
			INSURER E :				1
			INSURER F :				1
COVERAGES CERT	IFICATE NUM	BER:			<b>REVISION NUMBER:</b>		
	PERTAIN, THE	INSURANCE AFFOR	DED BY THE POLIC	IES DESCRIB		o all.	
CLAIMS-MADE X OCCUR	X				DAMAGE TO RENTED PREMISES (Es occurrence)	\$	3 00,000
					MED EXP (Any one person)	5	1,000
				l 16	PERSONAL & ADV INJURY	5	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER				L 14	GENERAL AGGREGATE	5	2,000,000
X POLICY PRO- JECT LOC		4   \ /			PRODUCTS - COMP/OP AGG	5	2,000,000
OTHER:						5	
AUTOMOBILE LIABILITY					(Ea accident)	5	
ANY AUTO	1				BODILY INJURY (Per person)	5	
ALL OWNED SCHEDULED AUTOS AUTOS HIRED AUTOS AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	5 5 5	
UMBRELLA LIAB							
- OCCOR					EACH OCCURRENCE	5	
CEAMONDOL					AGGREGATE	5	
DED RETENTION S WORKERS COMPENSATION					PER OTH-	-	
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE					EL EACH ACCIDENT	5	
OFFICER/MEMBER EXCLUDED?	1/A		1		EL DISEASE · EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Wichita State University Union Corporation a written contract or agreement subject to the p	nd Wichita Stat	e University are inc	luded as Additional r Liability Coverage	Insured on th	e General Liability Policy	if req	uired by
CERTIFICATE HOLDER			CANCELLATION				
Wichita State University Union Corporation and Wichita State University 1845 N. Fairmount, Campus BOX 56 Wichita, KS 67260			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
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