# Certificate of Liability Insurance

**Certificate Number:** DEF9876543210-01  1/1/20** 1/1/20**  
**Revision Number:**  

**Insured:** University of Central Florida Board of Trustees  
**Address:** 12601 Aquarius Agora Dr.  
Orlando, FL 32816-3400  
**Contact:** John Doe  
**Phone:** (555) 789-0123  
**E-mail:** JohnDoe@InsuranceAgencyInc.com  

**Producer:** Insurance Agency, Inc.  
1234 No Name Street  
Anywhere, FL 01234-5678  
**Phone:** (555) 012-3451  
**E-mail:** JohnDoe@InsuranceAgencyInc.com  

**Inurers:**  
- **Def Insurance Company**  
- **XYZ Insurance Company**  
- **ABC Insurance Company**  
- **XYZ Insurance Company**  
- **XYZ Insurance Company**  

**Coverage:**  
- **General Liability**  
- **Auto Liability**  
- **Workers Compensation**  

**Limits:**  
- **Claims-Made Occurrence:** $1,000,000  
- **Premises (Each Occurrence):** $500,000  

**Description of Operations / Locations / Vehicles:**  
University of Central Florida Board of Trustees included as Additional Insured arising out of the acts or omissions of the insured or those acting on behalf of the insured. (or similar statement)  
Note: If this is an ongoing service or a vendor that will come out multiple times, they can leave off event dates and the certificate will be good for the duration of the policy period.

**Certification:**  
- **University of Central Florida Board of Trustees**  
- **Signature:**  

**Date:** 01/01/20**  
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ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
University of Central Florida Board of Trustees

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 your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

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 to 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 is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.
DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**SAMPLE**

Named Insured: Company A
Endorsement Effective Date: 1/1/20**

SCHEDULE

Name Of Person(s) Or Organization(s):
University of Central Florida Board of Trustees

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.