

Any rental of campus space by an external group or individual requires a Certificate of Insurance to be issued as follows. This is a summary statement designed to assist you and your insurance agent in fulfilling this requirement.

Certificate Holder

The Curators of the University of Missouri
University of Missouri-St. Louis
1 University Boulevard
St. Louis, MO 63121-4400

Certificate of Insurance evidencing current coverage

1. Commercial General Liability: not less than \$1,000,000 each occurrence, \$2,000,000 annual aggregate
 - a. Coverage shall not contain any endorsement(s) excluding nor limiting Product/Completed Operations, Contractual Liability or Cross Liability.
 - b. Coverage shall be primary and COI shall state policy is primary to any other valid or collectible insurance in force.
2. Workers' Compensation & Employer's Liability: \$500,000 for each accident, disease per employee, and disease policy limit.
 - a. If no employees will be on site for event, please provide a letter on company letterhead so stating.
 - b. Facility User with employees must carry the state statutory minimum worker' compensation coverage limits.
 - c. Where applicable, if Facility User has less than 5 employees the Facility User may submit a Request for Worker's Compensation Waiver.
3. If Facility User is engaging a caterer to serve alcoholic beverages, that caterer must supply a Certificate of Insurance proving liquor liability coverage written on an "occurrence basis" and have limits not less than \$1,000,000 each claim or each common cause and at least a \$1,000,000 aggregate. The officers, employees, and agents of The Curators of the University of Missouri shall be endorsed as Additional Insured on such policy.
4. If Facility User is engaging a valet or car parking service, that vendor must supply a certificate providing automobile liability coverage at a limit of not less than \$1,000,000 each occurrence.
5. Umbrella Policies: Facility User may satisfy the minimum liability requirements under an Umbrella or Excess Liability Policy. The Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit stated above. Facility User must endorse "The officers, employees, and agents of The Curators of the University of Missouri" as "Additional Insured" on the Umbrella or Excess Liability, unless the Certificate of Insurance states the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

Dates of Coverage

Include all time the group will be on University property. This includes setup, rehearsals, the event itself, and/or any load-out.

OR

Certificate may be issued as blanket coverage if multiple events are scheduled within the year.

Additional Insured

"The officers, employees, and agents of The Curators of the University of Missouri" must be endorsed as "Additional Insured" in the "Description or Operations" box of the Certificate of Insurance.

Certificate may be mailed to 1 University Blvd, 379 Millennium Student Center, St. Louis, MO 63121-4400; or emailed to eventservices@umsl.edu and must be received at least 14 days prior to first day of operation.



Example COI

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).

Producer	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
Insured Facility User Information	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY (if applicable) <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Liquor Liability (if applicable)						Claim & Common Cause \$ 1,000,000 Aggregate \$ 1,000,000

Description of Operations**Rental Date(s):**

"The officers, employees, and agents of The Curators of the University of Missouri are Additional Insured on the _____ policies."

CERTIFICATE HOLDER**CANCELLATION**

The Curators of the University of Missouri
University of Missouri - St. Louis
1 University Blvd.
St. Louis, MO 63121

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