

The College's insurance requirements are a part of the Contract Policy that can be found on the Controller's Office webpage under policies. [http://www.middlebury.edu/media/view/252714/original/Middlebury\\_Collegecontract\\_policy\\_v2\\_doc.pdf](http://www.middlebury.edu/media/view/252714/original/Middlebury_Collegecontract_policy_v2_doc.pdf) Vendors working on campuses should be working under some form of formal contract with the College. Groups or others who are holding events on College property need to follow the same insurance requirements. If you have any questions about insurance, please contact the Business Services Office at 802.443.5504.

### **Reviewing a Certificate of Insurance**

The numbers below correspond to the highlighted numbers on the sample Certificate of Insurance that follow this page.

- 1) Make sure the vendor name matches the name on the contract.
- 2) Make sure insurance company names are listed for each of the INSUR LTR codes in the left column of the certificate form.
- 3) Record the expiration date or dates for the policies listed, and pend your file to follow up for a renewal certificate three weeks ahead of that date (if the contract is still active).
- 4) If the contract requires Additional Insured status and waivers of subrogation, be sure that the applicable policies are noted as including these coverage extensions. Coverage can only be applied if the contract specifies them.
- 5) Review all limits of liability. If the limits for the General Liability, Auto Liability, and Employers Liability are lower than those specified, be sure that the Umbrella or Excess liability is higher to compensate. Certificate providers should not be carrying total limits lower than those specified.
- 6) Make sure the job description matches the work description in the contract and includes the contract number, if any.
- 7) Your contact data at the College.



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: HM

DATE (MM/DD/YYYY)

03/15/11

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 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 <b>TD Insurance, Inc. (WS)</b> PO Box 3600 West Springfield, MA 01090-3600	413-781-5940 413-733-7722	<b>Agent Contact Info</b> CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID # <b>MIDDL-7</b>	INSURER(S) AFFORDING COVERAGE NAIC # <b>INSURER A: Travelers Property Casualty 36161</b> <b>INSURER B: Continental Casualty Company 20443</b> INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> <b>VENDOR NAME</b> <b>123 Main Street</b> <b>Middlebury, VT 05753</b>			

**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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	POLICY # HERE	07/01/10	07/01/11	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b> \$ \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	X	X	POLICY # HERE	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ <b>5</b> \$ \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ <b>100,000</b>			POLICY # HERE	07/01/10	07/01/11	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	POLICY # HERE	07/01/10	07/01/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
B	<b>Professional Liab</b> When Applicable			POLICY # HERE	07/01/10	07/01/11	Ea Occ <b>1,000,000</b> Ded <b>5,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Describe Job here:  
**Middlebury College is Additional Insured and Waivers of Subrogation apply in their favor, as noted above and as per written contract. Coverage is primary and non-contributory.**

**CERTIFICATE HOLDER****GENERIC**

**Middlebury College**  
**ATTN:**  
**161 Adirondack View**  
**Middlebury, VT 05753**

**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

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