

LIABILITY INSURANCE

Oregon State University requires proof of liability insurance as a part of the Affiliated First-Year Housing Program. The requirements include: general liability insurance with liability limits not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate that covers sexual assault and molestation and host liquor liability; to include fire liability or premises liability insurance of \$1,000,000 per occurrence; and issued by an insurance company with an A.M. Best minimum rating of "A-VII" and which is authorized to do business in the State of Oregon.

Below is a sample certificate of liability insurance that shows evidence of the required coverage:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 Today's Date

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 Agent/Broker Name Agent/Broker Address Agent/Broker City, State & Zip Code	CONTACT NAME: Agent/Broker Name PHONE (A/C, No, Ext): Agent/Broker Phone FAX (A/C, No): Agent/Broker Fax E-MAIL ADDRESS: Agent/Broker Email Address
INSURED Fraternity Name Fraternity Address Fraternity City, State & Zip Code	INSURER(S) AFFORDING COVERAGE NAIC # Enter NAIC INSURER A: Name of Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 123456789

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.

NSR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION (INSR, WVRP)	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability <input checked="" type="checkbox"/> Abuse/Molestation		Enter Policy Number	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse/Molestation \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$
	UMBRELLA LIABILITY EXCESS LIABILITY <input type="checkbox"/> UMBRELLA LIABILITY EXCESS LIABILITY <input type="checkbox"/> UMBRELLA LIABILITY EXCESS LIABILITY					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

If abuse/molestation coverage is not noted above under the limit section, it should be noted here as NOT being excluded. A copy of the applicable endorsement or policy language should be included with the certificate.

CERTIFICATE HOLDER Oregon State University ATTN: Center for Fraternity & Sorority Life Snell, Hall 433B Corvallis, OR 97333	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 Agent/Broker Signature
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ACORD 25 (2014/01)

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Current date

Insurance company must have an A.M. Best minimum rating of "A-VII" and be authorized to do business in Oregon

Insurance agent or broker

Fraternity

Policy must provide coverage for host liquor liability and sexual abuse/molestation

General Liability minimum of \$1,000,000 per occurrence; \$2,000,000 aggregate

Policy number

Policy effective dates

Sexual abuse/molestation minimum of \$1,000,000 per occurrence

Attach applicable endorsement or policy with language for sexual abuse/molestation coverage

Certificate holder must be Oregon State University

Insurance agent or broker signature is required

SAMPLE