

CERTIFICATE OF INSURANCE					ISSUE DATE	(MM/DD/YY)
PRODUCER			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
<b>*REQUIRED INSURANCE</b>			COMPANIES AFFORDING COVERAGE			
			INSURED			
INSURED			COMPANY A			
			COMPANY B			
			COMPANY C			
COVERAGES						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST 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 HERE IN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EFF DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY				GENERAL AGGREGATE	\$2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/CP AGS	\$1,000,000
	<input type="checkbox"/> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY	\$1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> UNDERGROUND EXPLOSION AND COLLAPSE				FIRE DAMAGE (ANY ONE FIRE)	\$
	<input type="checkbox"/> INDEPENDENT CONTRACTOR				MED. EXPENSE (ONE PERSON)	\$
B	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
<input type="checkbox"/> HIRED AUTOS				EACH OCCURRENCE	\$	
<input type="checkbox"/> NON-OWNED AUTOS				AGGREGATE	\$10,000,000	
<input type="checkbox"/> GARAGE LIABILITY					\$	
	EXCESS LIABILITY					\$
	<input type="checkbox"/> UMBRELLA FORM					\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
C	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	\$100,000
					DISEASE POLICY LIMIT	\$100,000
					DISEASE - EACH EMPLOYEE	\$
	PROFESSIONAL LIABILITY (IF APPLICABLE)				PER CLAIM	\$
					MINIMAL AGGREGATE	\$10,000,000
Description of operations/locations/vehicles/exclusions added by endorsement/special provisions Board of Regents, and the Nevada System of Higher Education						
CERTIFICATE HOLDER / ADDITIONAL INSURED			CANCELLATION			
Board of Regents Nevada System of Higher Education 4505 Maryland Parkway Las Vegas, NV 89154			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED OR COVERAGE REDUCED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL ____ DAY WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.			
			AUTHORIZED REPRESENTATIVE			

\* Sample certificate of insurance includes copyrighted material of ACORD Corporation with its permission.