

SAMPLE		CERTIFICATE OF INSURANCE				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.					
VENDORS INSURANCE COMPANY		COMPANIES AFFORDING COVERAGE					
		COMPANY A					
INSURED		COMPANY B					
VENDOR NAME		COMPANY C					
VENDOR ADDRESS		COMPANY D					
COVERAGES							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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.							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN'L LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER'S & CONTR'S PROT <input checked="" type="checkbox"/> Contractual liab.incl.		MM-DD-YY	MM-DD-YY	EACH OCCURRENCE PRODUCTS- COMP / OP AGG PERSONAL & ADV INJURY GENERAL AGGREGATE FIRE DAMAGE (Any one fire) MED EXP (Any one person)	\$ 2,000,000 \$ 2,000,000 \$ 1,000,000 \$ 2,000,000 \$ \$ 5,000 pp	
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> _____		MM-DD-YY	MM-DD-YY	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ 1,000,000 \$ \$ \$	
	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> _____				AUTO ONLY - EA. ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM		MM-DD-YY	MM-DD-YY	EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000 \$	
D	WORKER'S COMP. AND EMPLOYER'S LIABILITY THE PROP/PARTNERS/ <input checked="" type="checkbox"/> INCL EXEC. OFFICERS ARE <input checked="" type="checkbox"/> EXCL		MM-DD-YY	MM-DD-YY	X STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000	
	FIDELITY BOND						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:							
<p>New York University, New York University School of Law Foundation, and their respective members, subsidiaries and affiliates are hereby named as additional insured as respect to their interests regarding New York University & New York University School of Law Foundation.</p>							
CERTIFICATE HOLDER				CANCELLATION			
NEW YORK UNIVERSITY 2 Washington Square Village / Suite 1-0 New York, NY 10012				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
				AUTHORIZED SIGNATURE			

***Please fax back to 646-997-9990 – be sure to include client name, address, apartment #, and date of move .**