CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CON福ERS 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 LIABILITY 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
ABC Insurance Company
1222 S. Main Street
Anywhere, State 00100

INSURED
Fun Time Rentals
3333 5th Street #1234
City, State 22222

COVERAGES

GENERAL LIABILITY
COMMERCIAL GENERAL LIABILITY
CLAIMS-MADE OCCUR

AUTOBOMILE LIABILITY
ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS
HIRED AUTOS OCCUR CLAIMS-MADE

UMBRELLA LIABILITY
DED RETENTION

WORKERS COMPENSATION AND EMPLOYERS’ LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

These dates must be current.

If claiming Worker’s Compensation, the minimum limit of $1,000,000 must be met. If you have no Worker’s Compensation, then sign page 2.

Baylor University, present and past members of its Board of Regents, its officers, employees agents and volunteers are listed as Additional Insured as required by written contract for all work performed at Baylor.

OR

Attach a separate Additional Insured endorsement naming Baylor University, present and past members of its Board of Regents, its officers, employees agents and volunteers for all work performed at Baylor.

CANCELATION

Baylor University
Dept. of Risk Management
One Bear Place #97371
Waco, TX 76798

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

SIGNATURE

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INDEMNITY AGREEMENT BY CONTRACTOR THAT IS A NON-COVERED EMPLOYER UNDER THE TEXAS WORKERS' COMPENSATION ACT
(Required of the Successful Vendor when applicable)

I, the undersigned, am the owner, partner, officer, or other person authorized to execute documents on behalf of ____________________________ ("Contractor") for contracting with and providing services to Baylor University in connection with all work performed at Baylor. I hereby acknowledge that Contractor has elected not to provide coverage for one or more employees as permitted by the Texas Workers' Compensation Act. On behalf of Contractor, I hereby agree to indemnify Baylor University and its Regents, officers, employees, and representatives from and against any claims, lawsuits, judgments, settlements, costs, fees, and expenses (including but not limited to reasonable attorney fees) arising out of injuries to Contractor's employees while providing services to Baylor University in connection with the Event and that are proximately caused by the negligence or other malfeasance of Contractor.

TODAY'S DATE: ____________________________

CONTRACTOR'S NAME: ____________________________

BY: (SIGNATURE) ____________________________

PRINTED NAME: ____________________________

TITLE: ____________________________

DAY TIME PHONE: ____________________________

E-MAIL: ____________________________

DEPARTMENT OF RISK MANAGEMENT
ONE BEAR PLACE #97371, WACO, TEXAS 76708, (254) 710 – 4586, FAX (254) 710 – 6256 version 10-18-10