



FACILITY USE GENERAL INSURANCE REQUIREMENTS

The Official Policy:

Nevada System of Higher Education (NSHE) policy is to require outside users of NSHE/UNLV facilities to provide a certificate of insurance naming the Board of Regents, Nevada System of Higher Education on behalf of UNLV, as additional insured. The certificate of insurance should provide general liability coverage of at least \$2,000,000 combined single limit per occurrence.

Who Needs Insurance?

- Off-campus organizations
- Student Organizations inviting the general public to their event.
- Events which are considered at high risk at the University and/or Facility Operations's discretions.

What Type of Insurance?

- General liability coverage
- \$2,000,000 (\$2 million dollars) combined single limit per occurrence
- Certificate must name the Board of Regents, NSHE/UNLV as Additional Insured.
- Certificate must be presented to the UNLV Special Events at least five (5) business days prior to the date of the event.
- For further clarification and an example please see page 3.

Where Do I Obtain Insurance?

- Through an insurance agent of the organization's choice.

Additional Insurance Information:

NSHE/UNLV is willing to accept statements of self-insurance from other governmental agencies since many have been receptive to accepting NSHE/UNLV's statement of self-insurance when using their facilities.

In reviewing requests from other State of Nevada agencies, NSHE/UNLV will continue to use the State Government Organizational Chart as shown in the current edition of the Nevada State Administration Manual. Since the various agencies participate in the same self-insurance program as NSHE/UNLV, there is no need to require a certificate of insurance from those agencies included in the chart.

In regards to NSHE/UNLV liability insurance coverage as part of the State self-insurance program, the criteria established to assist with the determination of a NSHE/ UNLV sponsored activity, group, or event and control by NSHE/UNLV as part of its normal activities and operations have been payroll and finances. For an activity, group, or event to be a NSHE/UNLV sponsored activity, any revenue generated should be deposited into an appropriate NSHE Business Center account (checks made payable to the NSHE Board of Regents) and any expenditures incurred in support of this activity disbursed from this account in accordance with NSHE regulations and procedures. In addition, employees and volunteers should comply with established NSHE and State procedures for the employment and supervision of individuals, whether as employees or volunteers. The facility supervisor should request written confirmation from the appropriate institutional departmental director or academic dean of sponsorship of the event.

Any student government (CSUN) or university sponsored event would be covered by the self-insurance program of the State of Nevada. In the event of joint sponsorship between CSUN and a student organization, the self-insurance would only extend to CSUN. Student Organizations, recognized by CSUN, are not officially covered by the self-insurance program. Fraternities and sororities would also fall into the category of "recognized" organizations and the self-insurance program would not extend to them if any of their attendees are not UNLV faculty, staff or student.

Philanthropy and Alumni Engagement Facility Use
Insurance Documentation

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.				
*REQUIRED INSURANCE						
COMPANIES AFFORDING COVERAGE						
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	\$500,000
	<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	\$
	<input type="checkbox"/> GARAGE LIABILITY					\$
	EXCESS LIABILITY					\$
*	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE POLICY LIMIT	\$
					DISEASE - EACH EMPLOYEE	\$
B	PROFESSIONAL LIABILITY (IF APPLICABLE)				PER CLAIM	\$500,000
					MINIMAL AGGREGATE	\$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS UNLV, ITS OFFICERS, EMPLOYEES AND VOLUNTEERS ARE INSURED WITH RESPECT TO LIABILITY ARISING OUT OF THE ACTIVITIES BY OR ON BEHALF OF THE NAMED INSURED IN CONNECTION WITH THE WORK PERFORMED FOR UNLV						
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			