

# CERTIFICATE OF INSURANCE

<b>PRODUCER</b>  *Insurance Agency Information Company Name, Contact & Address	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.  <div style="text-align: center;"><input checked="" type="checkbox"/> Event Specific</div>
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<b>INSURED</b> *Organization information Organization Name (requesting insurance), Contact & Address	<b>COMPANIES AFFORDING COVERAGE</b> COMPANY A COMPANY B COMPANY C
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**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, 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Hos Liquor Liability				General Aggregate Products/Comp/Op Agg Personal & Adv Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)	\$\$\$
	Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owner Autos <input type="checkbox"/> Garage Liability				Combined Single Limit Bodily Injury Person Bodily Injury Accident Property Damage	
	<input type="checkbox"/> Excess Liability <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				Each Occurrence Aggregate	
	Worker's Compensation And Employers' Liability				Statutory Limits Each Accident Disease Limit Disease Each Employee	
	Other:				Other Limit:	

**Description of Operations/Locations/Vehicles/Special Items:**  
 The following notation should be listed here: UNCP listed as additional insured. Also include: Organization name, event title, event date and location.

<b>Certificate Holder</b>  UNC Pembroke P.O. Box 1510 Pembroke, NC 28372 (910) 521-6000 (910) 521-6605	<b>Cancellation</b>  Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice or 10 days notice for nonpayment of premium, 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 Representative  X (Signature Required)
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