


2. Review the Policy Effective and Expiration dates to make sure the **policy covers the terms of the contract or scope of work.**
3. Review the **Insurance Limits** to make sure they are what are stated in the contract.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS – Stated in the contract/PO	
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC JECT	Policy Number	Please check the policy effective date.	Please check the policy expiration date.	EACH OCCURANCE	
					FIRE DAMAGE (Any one fire)	
					MED EXP (Any one person)	
					PERSONAL & ADV INJURY	
					GENERAL AGGREGATE	
					PRODCUTS-COMP/OP AGG	

4. Make sure **The Regents of the University of California** is named as an **additional insured!** This allows the University to work directly with the insurance carrier in case of a claim.
5. Check to make sure The Regents of the University of California is listed under the Certificate Holder along with the Department Name, Department Contact and address.
6. Review and make sure there is a 30 Days written notice under Cancellation.

Description of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provision.	
IMPORTANT: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IS NAMED AS AN <u>ADDITIONAL INSURED</u> . (precise wording is key here)	
CERTIFICATE HOLDER	CANCELLATION
The Regents of the University of California Name of the Department Department Contact Person Campus Address	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 TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 

If you have any questions, please call the Office of Risk Management at 642-5141.