

CERTIFICATE OF INSURANCE		CERTIFICATE # CERT-1801378		ISSUE DATE 05/31/2018	
PRODUCER UTAH STATE RISK MANAGEMENT 5120 STATE OFFICE BUILDING SALT LAKE CITY UT 84114 (801) 538-9560		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.			
INSURED		COMPANIES AFFORDING COVERAGE			
UTAH VALLEY UNIVERSITY 800 W UNIVERSITY PARKWAY Mailstop 272 OREM UT 84058		COMPANY LETTER	A UTAH STATE RISK MANAGEMENT FUND		
		COMPANY LETTER	B		
		COMPANY LETTER	C		
		COMPANY LETTER	D		
		COMPANY LETTER	E		
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 (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S AND CONTRACTOR'S PROT <input type="checkbox"/> PRODUCTS-COMP OPS AGGREGATE <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY				EACH OCCURRENCE PRODUCTS-COMP/OP AGG. PERSONAL ADV INJURY GENERAL AGGREGATE FIRE DAMAGE (any 1 fire) MED. EXPENSE (any 1 pers)
	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-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT BODILY INJURY (per person) BODILY INJURY(per accident) PROPERTY DAMAGE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
A	OTHER <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY <input type="checkbox"/> PROPERTY <input checked="" type="checkbox"/> ERRORS AND OMISSIONS <input type="checkbox"/> AUTO COMP AND COLLISION <input type="checkbox"/> COURSE OF CONSTRUCTION	HE 57	07/01/2018	06/30/2019	EACH OCCURRENCE \$1,000,000 AGGREGATE \$3,000,000 PROP Amount: E&O: \$1,000,000 / \$3,000,000 Auto Comp/Coll:
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE/SPECIAL ITEMS Utah Valley University is providing proof of insurance in regard to faculty, staff, students, and interns in the following fields: Nursing, Paramedic, Respiratory Therapy, and Dental Hygiene					
CERTIFICATE HOLDER <input type="checkbox"/> Additional Insured					
Utah Valley University 800 W. University Parkway Orem Utah 84058			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
			AUTHORIZED REPRESENTATIVE <i>Mark Petersen</i>		DATE 05/31/2018