cer ficates of insurance. If a contract is for a period of me that necessitates renewal cer ficates of insurance to be collected, please send them (via email if possible) to the email in Sec on IV below.
(Your Danastraantis Nama)
(Your Department's Name)
(Your Department's Mailing Address)
showing insurance coverage relevant to the event, project, or contract. Please
prove proof of the following amounts. Lines of coverage and limits of liability may vary for high-risk act vit es
Addi onal Insured
Please list University of Denver as addi onal insured in the descrip on sec on of the cer ficate for
all coverage for General Liability or as noted: "The University of Denver shall be named "addional
insured" as respects their interest in with an cipated dates
of through
Standard General Liability requirements:
A minimum of \$1Million per occurrence/\$2Million aggregate
Sub limits should include a minimum of \$250,000 fire legal liability unless otherwise noted for all
Automobile Liability:

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:

All contracts must state the university's legal name in the recital sec on. Standard insurance terms for all third-party vendors plus any additional insurance requirements are listed in Sec on III of this document. The Contracts shall name the University as additional insured with the following language in the "description" section of the Certificate of Insurance (COI):

"The University of Denver is named an addi onal insured as res	pects their	interests." [)ate			
Please determine if this is a one- me or short-term need,						
Yes, please email them to your DU contact's email:				(please provide a		
personal or departmental email address)						
No						
We understand that there has not been communica on about Cer ficates or large gap in the process that collec vely we need to fill.	fInsurance,	and we have	iden fied	ak		
Departments (specifically the person managing the contact/project/event)	&	sp oa	ibp	SU		

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