

North Carolina State University Facility Use Insurance Requirements

When outside groups use NC State facilities for activities, the user's liability insurance must cover the activity. Examples of this may include dances, conferences, camps, athletic events, and fund-raising activities.

Facility users must provide a certificate of insurance at least one week in advance of the event, verifying that they have the appropriate types and limits of liability insurance. The user may purchase liability insurance from any insurance agency or broker. Insurance policies must be issued by companies qualified to do business in the State of North Carolina.

Listed below are two options to comply with the Facility Use Agreement insurance requirements. The user should select the insurance program that best fits their needs while meeting the minimum insurance requirements for the use of University facilities.

If you have general liability insurance:

The facility user's certificate of insurance (COI) must reflect the following detail to be acceptable:

- ♦ The COI must name NC State as the Certificate Holder
- The General Liability coverage limit must be no less than \$1,000,000 per occurrence and \$2,000,000 aggregate limit. If the event or activity will involve the participation or oversight of minors, sexual abuse and molestation coverage in the amount of \$1,000,000 per person must be included. Note:

 The user may be required to provide higher limits and/or additional lines of insurance such as Auto Liability, Umbrella Liability and/or Workers' Compensation depending on the activity.
- ♦ The COI must name NC State and the State of North Carolina as an additional insured.
- The certificate should be provided by mail or email to the NC State contact listed on the Facility Use Agreement.
- ♦ The insurance policy period must be current for the scheduled activity date(s).
- When applicable, the dates of the activity must be listed with the type of activity in the description portion of the insurance certificate.

If you need to purchase general liability insurance for a single event/activity:

The facility user may also consider using an event insurance policy called Tenant User Liability Insurance (TULIP).

- The process is simple! Click on the Quick Quote Tab at https://tulip.ajgrms.com/.
- Select "North Carolina" from the state dropdown list, then select North Carolina State University and the specific venue.
- Follow the steps to complete the process and obtain your quote.

The link will guide you through the process to purchase coverage via credit card. Upon completion of the transaction, you and NC State will receive a certificate/binder of coverage via email.

Please direct questions regarding insurance requirements to env-health-IRM@ncsu.edu.

This document does not alter the requirements outlined in any executed Facility Use Agreement.



Sample Insurance Certificate

CERTIFICATE OF LIABILITY INSURANCE

NCSTA-3

OP ID: BA

DATE (MM/DD/YYYY) 02/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	ne terms and conditions of the policy, ertificate holder in lieu of such endorse		•	olicies may require an er	ndorsei	ment. A state	ement on thi	is certificate do	es not co	onfer	rights to the	
_	DUCER	CONTACT John Doe										
ABC Insurance Agency 123 Main Street						PHONE 040 000 0000 FAX						
Anytown, NC 27777						(A/C, No, Ext): 919-222-3333 (A/C, No): E-MAIL ADDRESS: jdoe@abcins.us						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : Sample Insurance Company						
INSURED XYZ Facility User 456 Oak Street						INSURER B:						
						INSURER C:						
	Anytown, NC 27777				INSURER D:							
					INSURER E :							
			INSURER F:									
СО	VERAGES CERT	ΓIFIC	CATE	NUMBER:	REVISION NUMBER:							
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. INSURANCE ADDITIONAL ADDITIONAL SHOWN POLICY NUMBER POLICY FIFT POLICY FIFT												
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				XYZ12345				MED EXP (Any one		\$	200 000	
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	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMAIT	\$ 1,0	000,000	
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	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Po		\$		
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	OLAIWO-WADE						-	AGGREGATE		\$		
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	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						_	STATUTE	ER	Φ.		
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	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - FO	LICT LIVIII	Ф		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)				
N	NC State and the State of North Carolina are included as additional insureds											
CE	RTIFICATE HOLDER	CANC	ELLATION									
NC State Campus Box Raleigh, NC 27695						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						