STATE UNIVERSITY OF NEW YORK
CONSULTANT'S CERTIFICATE OF INSURANCE

To: [Campus name and address]

This is to certify that the insurance policy listed below has been issued by the undersigned and is in full force and effect on the date borne by this Certificate.

Name of Insured Consultant: _____

Address of Insured Consultant: _____

_____

Project Location (Campus): _____

Project Number: _____

Project Title: _____

KIND OF INSURANCE	LIMITS OF LIABILITY	POLICY NO.	EFFECTIVE	EXPIRATION
Errors and Omissions *(including contractual liability coverage)*	_____ Thousand Dollars Each Occurrence _____ Thousand Dollars Aggregate			

Name of Insurance Company	Name of Insurance Agency (if any)	
Address of Insurance Company	Authorized Representative **(Original Signature Required – No Stamp)**	
	Phone Number ( )	Date

As an inducement to the "University" to approve the abovesigned as an insurance company issuing the policy listed above, the abovesigned hereby agrees as follows:

1. That the insurance policy listed above shall not be changed or cancelled until final acceptance by the "University" of all the work covered by the aforesaid contract unless the "University" is given fifteen (15) days written notice to the contrary.

2. That the "University" shall not be liable for the payment of the premiums on the insurance policy listed above and that such premium shall be payable by the insured who shall also receive any dividends or other refunds due under said policy.

3. That without the abovesigned's foregoing agreements neither it nor this Certificate of Insurance would be approved by the "University."

4. The certificate holder shall be the campus at which the project is being performed.