Certificate of Insurance (COI) Requirements & Sample

- ✓ The company name provided on the application **must exactly match** the insured name on the COI. Be sure to include any Inc, LLC, etc.
- ✓ Minimum of $1,000,000 general liability is required.
- ✓ Minimum of $300,000 damage to rented premises is required.
- ✓ Minimum of $1,000,000 auto liability is required. The COI must indicate either any auto **OR** hired & non-owned.
    - ***NOTE: Our legal department requires all EACs to provide auto insurance regardless of ownership of vehicles. This is not a new rule, but it is required to work in the building.***
- ✓ A $1,000,000 workers compensation policy is required.
- ✓ The Las Vegas Convention and Visitors Authority must be the certificate holder on all policies and be specifically named as additional insured for **BOTH** general & auto liability. The insurance agent may check the ADDL INSD boxes next to each policy and/or provide specific verbiage in the description of operations area.
    - ***NOTE: The legal name is Las Vegas Convention and Visitors Authority; Las Vegas Convention Center should not be indicated.***
- ✓ Since the permit is valid for one (1) calendar year, please do not reference any show name or date of event in the description of operations area.

A sample COI is provided on following page; the COI submitted should resemble this sample.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
INSURANCE BROKER/AGENT	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Carrier A Must have an AM Best Rating of A-VII or Better	
INSURER B : Carrier A Must have an AM Best Rating of A-VII or Better	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED:

INSURED NAME (MUST EXACTLY MATCH NAME OF COMPANY)
ADDRESS
CITY, STATE, ZIP

COVERAGES CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X					EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Each occurrence)	$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 1,000,000
	POLICY PRO-JECT LOC							$
B	AUTOMOBILE LIABILITY	X					COMBINED SINGLE LIMIT (Each accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	$
								$
A	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					X WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES:

Each liability policy shall be endorsed to include the Las Vegas Convention and Visitors Authority, its officers, employees, and volunteers as additional insureds for both general liability and auto. These policies shall be primary and any other insurance carried shall be excess and non-contributing. (All deductibles and self-insured retentions shall be fully disclosed.)

CERTIFICATE HOLDER

LAS VEGAS CONVENTION AND
VISITORS AUTHORITY
3150 PARADISE ROAD
LAS VEGAS, NV 89109

CANCELLATION

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

Must be signed by person authorized by insurer and licensed by the State of Nevada