SECTION 00 650 - CERTIFICATE OF INSURANCE INSTRUCTIONS

1. The Certificate of Insurance is a tabulation of insurance required for this Project as specified in Article 11 entitled Insurance and Bonds in the General Conditions (AIA Document A201, Fifteenth Edition, 1997).

2. The Certificate of Insurance must be completed, certified by the original signature of a Mississippi Resident Insurance Agency and bound in each set of the Contract Documents.

3. Indicate Insured, Project, Companies providing coverage, policy numbers and policy periods in the blanks as applicable.

4. If the "OWNERS/CONTRACTORS PROTECTIVE LIABILITY" insurance is part of the Commercial General Liability Insurance Policy, or included by endorsement, indicate the policy number and period of the CGL policy in the "OWNERS/CONTRACTORS PROTECTIVE LIABILITY" blank spaces.

5. Automobile Liability Insurance may be provided which covers Bodily Injury and Property Damage in one (1) Combined Single Limit, or may be provided with separate minimum limits as shown on the Certificate of Insurance and specified in Article 11 of the Supplementary Conditions. The person signing the Certificate of Insurance should show which option the Contractor has selected by marking out the coverage that is not provided under the policies indicated.

6. OTHER INSURANCE (if required) will be indicated by typing in the "OTHER" block and detailed in Article 11 of the Supplementary Conditions.

7. CERTIFICATION wording may not be changed without specific written approval from the Owner.

8. "Riders", Binders, TBA, TBD, or other unsolicited attachments, are not allowed as part of the Certificate of Insurance unless specifically requested in writing by the Owner, or specified as part of the requirements for this Project.

9. CAUTION: The Certificate of Insurance is intended to be used for all Projects. The Contractor must provide all insurance specified in the Contract Documents for this Project, whether indicated on this form, or not. The Contractor must verify all insurance has been provided as required.

MISSISSIPPI STATE UNIVERSITY
Office of Planning Design and Construction Administration

SECTION 00 650 – CERTIFICATE OF INSURANCE

STANDARD CONSTRUCTION CONTRACT
CERTIFICATE OF INSURANCE Projects Under $1,000,000

This certificate of insurance neither affirmatively nor negatively amends, extends, or alters the coverage afforded by the policies below.

INSURED (Contractor's Name & Address)		COMPANIES PROVIDING COVERAGE
	A	
	B	
PROJECT (Number, Name & Location) IHL #205-276 New Residence Halls North Mississippi State, Mississippi	C	
	D	
	E	
OWNER: Mississippi State University	F	
	G	

TYPE INSURANCE	CO	POLICY NUMBER	POLICY PERIOD	COVERAGE AND MINIMUM AMOUNT	
General Liability				General Aggregate	$ 1,000,000
				Products Comp/Ops (Aggregate)	$ 1,000,000
				Personal Injury (Occurrence)	$ 500,000
Commercial General Liability				BI & PD (Occurrence)	$ 500,000
				Fire Damage (Fire)	$ 50,000
				Medical Expense (Person)	$ 5,000
Owners/Contractors Protective Liability				General Aggregate	$ 1,000,000
				Per Occurrence	$ 500,000
Automobile Liability				Bodily Inj/Prop Damage Comb Sngl	$ 500,000
				or Bodily Injury (Per Person)	$ 250,000
				or Bodily Injury (Per Accident)	$ 500,000
				or Property Damage (Per Accident)	$ 100,000
Excess Liability (Umbrella)				Aggregate	$ 1,000,000
				Per Occurrence	$ 1,000,000
Worker's Comp/Employee Liability				Statutory	Statutory
				Per Accident	$ 100,000
				Disease - Policy Limit	$ 500,000
				Disease - Per Employee	$ 100,000
Property Insurance				Builder's Risk	Value of Work
				Installation Floater	Value of Work
Other					

CERTIFICATION: I certify that these policies (subject to their terms, conditions and exclusions) have been (1) issued to the Insured for the coverages and at least the amounts as indicated by companies licensed in Mississippi; (2) countersigned by a Mississippi Resident Agent; (3) endorsed to require the company to give Thirty (30) days written notice to the Owner prior to cancellation or non-renewal of above.

PRODUCING AGENT: (Name and Address)	
	(Signature and Date)
	(Name of Authorized Representative)
	(Title of Authorized Representative)

MISSISSIPPI STATE UNIVERSITY
Office of Planning Design and Construction Administration

STANDARD CONSTRUCTION CONTRACT
CERTIFICATE OF INSURANCE Projects Over $1,000,000

This certificate of insurance neither affirmatively nor negatively amends, extends, or alters the coverage afforded by the policies below.

INSURED (Contractor's Name & Address)		COMPANIES PROVIDING COVERAGE
	A	
	B	
PROJECT (Number, Name & Location) IHL #205-276 New Residence Halls North Mississippi State, Mississippi	C	
	D	
	E	
OWNER: Mississippi State University	F	
	G	

TYPE INSURANCE	CO	POLICY NUMBER	POLICY PERIOD	COVERAGE AND MINIMUM AMOUNT	
General Liability				General Aggregate	$ 2,000,000
				Products Comp/Ops (Aggregate)	$ 2,000,000
				Personal Injury (Occurrence)	$ 1,000,000
Commercial General Liability				BI & PD (Occurrence)	$ 1,000,000
				Fire Damage (Fire)	$ 100,000
				Medical Expense (Person)	$ 10,000
Owners/Contractors Protective Liability				General Aggregate	$ 2,000,000
				Per Occurrence	$ 1,000,000
Automobile Liability				Bodily Inj/Prop Damage Comb Sngl	$ 1,000,000
				or Bodily Injury (Per Person)	$ 10,000
				or Bodily Injury (Per Accident)	$ 1,000,000
				or Property Damage (Per Accident)	$ 200,000
Excess Liability (Umbrella)				Aggregate	$ 2,000,000
				Per Occurrence	$ 2,000,000
Worker's Comp/Employee Liability				Statutory	Statutory
				Per Accident	$ 200,000
				Disease - Policy Limit	$ 1,000,000
				Disease - Per Employee	$ 200,000
Property Insurance				Builder's Risk	Value of Work
				Installation Floater	Value of Work
Other					

CERTIFICATION: I certify that these policies (subject to their terms, conditions and exclusions) have been (1) issued to the Insured for the coverages and at least the amounts as indicated by companies licensed in Mississippi; (2) countersigned by a Mississippi Resident Agent; (3) endorsed to require the company to give Thirty (30) days written notice to the Owner prior to cancellation or non-renewal of above.

PRODUCING AGENT: (Name and Address)	
	(Signature and Date)
	(Name of Authorized Representative)
	(Title of Authorized Representative)