

MISSISSIPPI STATE UNIVERSITY
Office of Planning Design and Construction Administration

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 00 800 - 2017 Supplementary Conditions.
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. CERTIFICATION wording may not be changed without specific written approval from the Owner.
5. All applicable policy endorsements or equivalents required to meet the requirements in Article 11 should be attached to the Certificate, including but not limited to:
 - CG 25 03 (Designated Construction Project(S) General Aggregate Limit
 - CG 20 10 (Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization)
 - CG 20 37 (Additional Insured – Owners, Lessees or Contractors – Completed Operations)
 - Amendatory endorsements for excess/umbrella policies if used to meet minimum limits.
 - Amendatory endorsement for Auto Liability

Additional Insured Endorsements should include “Mississippi State University (“Owner”), any affiliated entity(ies) of the Owner, the Board of Trustees of State Institutions of Higher Learning (“IHL”), and of their trustees, directors, officers, staff, agents, representatives, employees, and volunteers (“Additional Insureds”)”

6. “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.
7. CAUTION: The Certificate of Insurance is intended to be used for all Projects as a means of documenting the required insurance per Contract Documents. 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. In no way does the Certificate of Insurance modify or change the limits or insurance provisions specified in the Contract Documents.

**MISSISSIPPI STATE UNIVERSITY
Office of Planning Design and Construction Administration**

SECTION 00 650 – CERTIFICATE OF INSURANCE

**STANDARD CONSTRUCTION CONTRACT
CERTIFICATE OF INSURANCE**

Contract Sum Over \$25,000,000

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 (CO)
	A	
PROJECT (Number, Name & Location)	B	
	C	
	D	
OWNER: Mississippi State University	E	
	F	
	G	

TYPE INSURANCE	SUBR WVD ADL INSD	CO	POLICY NUMBER	POLICY PERIOD	COVERAGE & REQUIRED MINIMUM LIMIT	
Commercial General Liability (Occurrence) Aggregate Limit Applies per Project	Y				Each Occurrence*	\$ 2,000,000*
					Medical Expense (Any one person)	\$ 5,000
					Personal & Adv Injury (Occurrence)	\$ 2,000,000
					Contractual Liability	\$ 2,000,000
					General Aggregate*	\$ 2,000,000*
					Products Comp/OP Agg	\$ 2,000,000
Automobile Liability	Y				Combined Single Limit (Ea Accident)	\$ 1,000,000
Umbrella Liability (Occur) Excess Liability (Occur)					Each Occurrence*	\$ 8,000,000*
					Aggregate*	\$ 8,000,000*
Worker's Comp and Employee Liability	Y				Statutory	Per Statue
					Per Accident	\$ 1,000,000
					Disease - Policy Limit	\$ 1,000,000
					Disease - Per Employee	\$ 1,000,000
Property Insurance	Y				Special Form Builder's Risk	Value of Work
					Special Form 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 Licensed 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)

*Limits between primary and excess/umbrella policies may vary but total must exceed \$10,000,000 for Each Occurrence and \$10,000,000 Aggregate

**MISSISSIPPI STATE UNIVERSITY
Office of Planning Design and Construction Administration**

**STANDARD CONSTRUCTION CONTRACT
CERTIFICATE OF INSURANCE**

Contract Sum Over \$10,000,000 up to \$25,000,000

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 (CO)
	A	
PROJECT (Number, Name & Location)	B	
	C	
	D	
OWNER: Mississippi State University	E	
	F	
	G	

TYPE INSURANCE	SUBR WVD ADL INSD	CO	POLICY NUMBER	POLICY PERIOD	COVERAGE & REQUIRED MINIMUM LIMIT	
Commercial General Liability (Occurrence) Aggregate Limit Applies per Project	Y				Each Occurrence*	\$ 1,000,000*
					Medical Expense (Any one person)	\$ 5,000
					Personal & Adv Injury (Occurrence)	\$ 1,000,000
					Contractual Liability	\$ 1,000,000
					General Aggregate*	\$ 2,000,000*
					Products Comp/OP Agg	\$ 2,000,000
Automobile Liability	Y				Combined Single Limit (Ea Accident)	\$ 1,000,000
Umbrella Liability (Occur) Excess Liability (Occur)					Each Occurrence*	\$ 4,000,000*
					Aggregate*	\$ 8,000,000*
Worker's Comp and Employee Liability	Y				Statutory	Per Statue
					Per Accident	\$ 1,000,000
					Disease - Policy Limit	\$ 1,000,000
					Disease - Per Employee	\$ 1,000,000
Property Insurance	Y				Special Form Builder's Risk	Value of Work
					Special Form 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 Licensed 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)

*Limits between primary and excess/umbrella policies may vary but total must exceed \$5,000,000 for Each Occurrence and \$10,000,000 Aggregate

**MISSISSIPPI STATE UNIVERSITY
Office of Planning Design and Construction Administration**

**STANDARD CONSTRUCTION CONTRACT
CERTIFICATE OF INSURANCE**

Contract Sum Over \$1,000,000 up to \$10,000,000

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 (CO)	
	A	
PROJECT (Number, Name & Location)	B	
	C	
	D	
OWNER: Mississippi State University	E	
	F	
	G	

TYPE INSURANCE	SUBR WVD ADL INSD	CO	POLICY NUMBER	POLICY PERIOD	COVERAGE & REQUIRED MINIMUM LIMIT	
Commercial General Liability (Occurrence) Aggregate Limit Applies per Project	Y				Each Occurrence*	\$ 1,000,000*
					Medical Expense (Any one person)	\$ 5,000
					Personal & Adv Injury (Occurrence)	\$ 1,000,000
					Contractual Liability	\$ 1,000,000
					General Aggregate*	\$ 2,000,000*
					Products Comp/OP Agg	\$ 2,000,000
Automobile Liability	Y				Combined Single Limit (Ea Accident)	\$ 1,000,000
Umbrella Liability (Occur) Excess Liability (Occur)					Each Occurrence*	\$ 1,000,000*
					Aggregate*	\$ 2,000,000*
Worker's Comp and Employee Liability	Y				Statutory	Per Statue
					Per Accident	\$ 1,000,000
					Disease - Policy Limit	\$ 1,000,000
					Disease - Per Employee	\$ 1,000,000
Property Insurance	Y				Special Form Builder's Risk	Value of Work
					Special Form 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 Licensed 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)

*Limits between primary and excess/umbrella policies may vary, but the total must exceed \$2,000,000 for Each Occurrence and \$4,000,000 Aggregate

**MISSISSIPPI STATE UNIVERSITY
Office of Planning Design and Construction Administration**

**STANDARD CONSTRUCTION CONTRACT
CERTIFICATE OF INSURANCE**

Contract Sum up to \$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 (CO)	
	A	
PROJECT (Number, Name & Location)	B	
	C	
	D	
OWNER: Mississippi State University	E	
	F	
	G	

TYPE INSURANCE	SUBR WVD ADL INSD	CO	POLICY NUMBER	POLICY PERIOD	COVERAGE & REQUIRED MINIMUM LIMIT	
Commercial General Liability (Occurrence) Aggregate Limit Applies per Project	Y				Each Occurrence	\$ 1,000,000
					Medical Expense (Any one person)	\$ 5,000
					Personal & Adv Injury (Occurrence)	\$ 1,000,000
					Contractual Liability	\$ 1,000,000
					General Aggregate	\$ 2,000,000
Products Comp/OP Agg	\$ 2,000,000					
Automobile Liability	Y				Combined Single Limit (Ea Accident)	\$ 1,000,000
Worker's Comp and Employee Liability	Y				Statutory	Per Statue
					Per Accident	\$ 1,000,000
					Disease - Policy Limit	\$ 1,000,000
					Disease - Per Employee	\$ 1,000,000
Property Insurance	Y				Special Form Builder's Risk	Value of Work
					Special Form 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
Mississippi Licensed 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)