



Certificate of Insurance Criteria

Taken from the Experiential Education Partnership Agreement

ACORD		CERTIFICATE OF INSURANCE		ISSUE DATE
PRODUCER		This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.		05/18/2001
COMPANIES AFFORDING COVERAGE				
Company A				
INSURED				
Company B				
Company C				
Company D				
Company E				
This is to certify that the policies of insurance described herein have been issued to the Insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of 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, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.				
CO	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIABILITY
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners' and Contractors' Protection <input type="checkbox"/> <input type="checkbox"/> General Aggregate Limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location			EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE MEDICAL EXPENSE PERS. AND ADVERTISING INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS AND COMP. OPER. AGG. \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Scheduled Automobiles <input type="checkbox"/> Hired Automobiles <input type="checkbox"/> Non-owned Automobiles <input type="checkbox"/>			COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) COMPREHENSIVE COLLISION
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY			WC Statutory Limit <input checked="" type="checkbox"/> Other EL EACH ACCIDENT \$ 100,000 EL DISEASE (Each employee) \$ 100,000 EL DISEASE (Policy Limit) \$ 500,000
	EXCESS LIABILITY <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made			EACH OCCURRENCE AGGREGATE
<i>Maricopa County Community College District, its agents, officers, officials, employees, and volunteers are hereby named as additional insureds as their interest may appear.</i>				
CERTIFICATE HOLDER Maricopa County Community College District 2411 West 14th Street Tempe, AZ 85281-6942		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT A FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ISSUER, COMPANY, ITS AGENTS OR REPRESENTATIVES. Authorized Representative		
Certificate ID # T22W8CIU				

Certificate of Insurance

- 1) Commercial General Liability with a limit of not less than \$1,000,000 per occurrence
- 2) Automobile Liability with a limit of not less than \$1,000,000 per occurrence
- 3) Workers' Compensation with statutory limits
- 4) Certificate Holder:
Maricopa Community Colleges
2411 W. 14th Street
Tempe, AZ 85281-6942
- 5) Named as Additional Insured:
Maricopa County Community College District, its agents, officers, officials, employees, and volunteers are hereby named as additional insureds as their interest may appear.

Please submit a copy of it to Dawn Rhodes, 480-844-3148 (fax), drhodes@mesacc.edu, or via mail at Dawn Rhodes, Mesa Community College, 1833 W. Southern Ave., Mesa, AZ 85202.

If you have any questions, feel free to contact me at 480-461-7763.

