NOTE: Please submit all insurance certificates relating to construction projects as indicated:

☐ UNL Mailing Address
Facilities Management
University of Nebraska - Lincoln
1901 Y Street
Lincoln, Nebraska 68588-0605

☐ UNMC Mailing Address
Facilities Management & Planning
University of Nebraska Medical Center
600 South 42nd Street
Omaha, Nebraska 68198-7100

☐ UNO Mailing Address
Facilities Management & Planning
University of Nebraska at Omaha
60th and Dodge Streets
Omaha, Nebraska 68182-0270

☐ UNK Mailing Address
Department of Facilities
University of Nebraska at Kearney
905 West 25th Street
Kearney, Nebraska 68849

1. Read the Preparation Instructions for the Certificate of Insurance carefully to insure proper completion.

2. Mail or submit the completed form in PDF format.

3. Include the telephone number of the insured on completed forms.

4. Per the attached instruction, insurance must be provided on the attached form:
   THE UNIVERSITY OF NEBRASKA CERTIFICATE OF INSURANCE FORM
   OR
   AN ACORD CERTIFICATE OF LIABILITY INSURANCE FORM
   If the ACORD Form is used, the following language must be included in the section under Description of Operations/Locations/Vehicles/Exclusions added by endorsement/special provisions:
   ○ “The Board of Regents of the University of Nebraska is listed as an additional insured.”
   ○ The specific campus name, project name and project number must be included.

   a. For Architects and Engineers, the following information should be included under OTHER:
   Architects and/or Engineers
   Professional Liability
   General Aggregate $ [ ] Claims Made
   Each Claim $ [ ] Project
   Deductible $ [ ]

   b. The company rating must also be added to the ACORD Certificate

5. It is not necessary to name the Board of Regents as an additional insured for Workers Compensation Insurance or Professional Liability. The University must be named as an additional insured for General Liability.

6. Each certificate must be signed by a Licensed Insurance Agent whose license is current. Attach a copy of the current Insurance Agent’s license(s) for the person(s) signing these certificates. Please also print the signers’ name and job title under the signature.