

Month xx, 20xx

**University of Kentucky
Purchasing Division**

322 Peterson Service Building Lexington, KY 40506

P: 859-257-9100

F: 859-257-1951 [www.uky.edu](http://www.uky.edu/)

In accordance with the Terms and Conditions of the referenced Price Contract, a current Certificate of Insurance is required from your company. Please provide a Certificate of Insurance via fax, email, or postal mail as listed below to comply with this requirement.

**Insurance Requirements for University Contractors**

|  |  |
| --- | --- |
| ***REQUIRED COVERAGES*** | ***LIMITS*** |
| **Workers’ Compensation** | **Statutory Requirements (Kentucky)** |
|  |  |
| **Employer’s Liability** | **$500,000/$500,000/$500,000** |
|  |  |
| **Commercial General Liability, including operations/ completed operations, products, and contractual liability (including defense and investigation costs) including this contract.** | **$1,000,000 each occurrence** **(BI & PD combined) $2,000,000 Products and Completed Operations Aggregate** |
|  |  |
| **Business Automobile Liability, covering owned, leased, or non-owned autos** | **$1,000,000 each occurrence** **(BI & PD combined)** |

The certificate must comply with the following:

* The University of Kentucky must be listed as the **Certificate Holder**
* The University, its Trustees and Employees must be added as **Additional Insured** on the Commercial General Liability policy with regards to the scope of the contract. (Wording must be explicitly shown on certificate.)
* All of these required policies must include a **Waiver of Subrogation**, except Workers’ Compensation, in favor of the University, its trustees and employees. (Wording must be explicitly shown on certificate.)

Provide the certificate as follows:

XXXXX

University of Kentucky

Purchasing Division

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Lexington, Kentucky 40506

FAX: 859-257-1951

Email: xxxxx@uky.edu