

Certificate of Insurance (Revised 7/27/2005)

Date Issued _____

This is to certify to: CAJUNDOME Commission
444 CAJUNDOME Blvd.
Lafayette, LA 70506

Telephone: 337 265-2100
Fax: 337 265-2311

That the following described policies in at least the face amounts shown below have been issued to:

Name of Insured: _____

Address of Insured: _____

Effective for the policy periods shown within the State of Louisiana

This Certificate of Insurance neither affirmatively nor negatively amends, extends, or alters coverage afforded by policies shown below. (Check applicable coverages and complete Company | Policy # | Policy Period | Policy Minimum information for each.)

Type of Policy and Coverage	Company Policy Number Policy Period Policy Minimum	Limits of Liability, Minimum Liability Limits, unless otherwise required by contract		
I. <input type="checkbox"/> Standard Worker's Compensation & Employer's Liability		Statutory \$100,000		
II. <input type="checkbox"/> General Liability		Liability Limits in Thousands \$		
A. <input type="checkbox"/> Premises Operations		Each Occurrence		
B. <input type="checkbox"/> Contractor's Protective Liability		BI & PD Combined	\$1,000,000	\$
C. <input type="checkbox"/> Products-Completed Operations				
D. <input type="checkbox"/> Personal Injury				
E. <input type="checkbox"/> Contractual Liability				
III. <input type="checkbox"/> Automobile Liability		Liability Limits in Thousands \$		
A. <input type="checkbox"/> Any Auto		BI & PD Combined	\$	\$
B. <input type="checkbox"/> Owned				
C. <input type="checkbox"/> Non-Owned				
D. <input type="checkbox"/> Hired				
IV. <input type="checkbox"/> Umbrella Liability		BI & PD Combined	\$	\$
NOTE: Lower primary limits will be accepted if Umbrella Liability Coverage is provided with limits of at least \$1,000,000 in excess of primary coverage shown in this certificate.				
V. <input type="checkbox"/> The Lafayette City-Parish Consolidated Government, its officials, employees and volunteers, the CAJUNDOME Commission and The University of Louisiana at Lafayette are named on all liability policies described above as an additional insured.				
VI. <input type="checkbox"/> Coverage afforded the Lafayette City-Parish Consolidated Government, its officials, employees and volunteers, The CAJUNDOME Commission and The University of Louisiana at Lafayette as an additional insured on the above liability policies applies as primary and not excess or contributing to any other insurance issued in the name of the Lafayette City-Parish Consolidated Government, the CAJUNDOME Commission and The University of Louisiana at Lafayette.				
VII. <input type="checkbox"/> Waiver of Subrogation from Worker's Compensation Insurer.				

IN THE EVENT OF CANCELLATION OF THE POLICY, POLICIES OR MATERIAL CHANGES IN SUCH POLICIES. THE CERTIFICATE HOLDER SHALL RECEIVE THIRTY (30) DAYS PRIOR WRITTEN NOTICE OF SUCH CANCELLATION OR CHANGE AT THE ADDRESS STATED ABOVE BEFORE SUCH CANCELLATION OR CHANGE IS EFFECTIVE AGAINST THE CERTIFICATE HOLDER.

THE ATTACHED CERTIFICATE OF INSURANCE CORRELATES DIRECTLY WITH THE INSURANCE REQUIREMENTS OF THE CONTRACT. THE CAJUNDOME COMMISSION REQUIRES THEREFORE THAT THIS PARTICULAR CERTIFICATE BE USED FOR APPROVAL OF THE CONTRACT.

Signature _____
Authorized Representative of

Agency _____

Address _____

City, State Zip _____

Phone No. _____

Fax No. _____

CAJUNDOME COMMISSION Date _____