

Exhibit 1  
**CERTIFICATE OF INSURANCE**

DATE ISSUED: \_\_\_\_\_

BROKER/AGENT	<b>COMPANIES AFFORDING COVERAGE</b>	
	COMPANY <b>A</b>	
	COMPANY <b>B</b>	
	COMPANY <b>C</b>	
NAMED INSURED	COMPANY <b>D</b>	

**COVERAGES**

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTHING HEREIN SHALL BE HELD TO WAIVE, ALTER OR EXTEND ANY OF THE LIMITS, CONDITIONS, AGREEMENT OR EXCLUSIONS OF THE POLICY TO WHICH THIS CERTIFICATE APPLIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (M/D/Y)	POLICY EXP. DATE (M/D/Y)		ALL LIMITS IN THOUSANDS	DEDUCTIBLE
	<b>GENERAL LIABILITY</b>						
	<input type="checkbox"/> COMPREHENSIVE FORM				GENERAL AGGREGATE	\$	
	<input type="checkbox"/> BROAD FORM EXTENSION INCLUDED				PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$	
	<input type="checkbox"/> COMMERCIAL FORM				PERSONAL & ADVERTISING INJURY	\$	
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				EACH OCCURRENCE	\$	\$
	<input type="checkbox"/> SEVERABILITY OF INTEREST CLAUSE				FIRE DAMAGE (ANY ONE FIRE)	\$	
	<input type="checkbox"/> CROSS LIABILITY CLAUSE				MEDICAL EXPENSE (ANY ONE PERSON)	\$	
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO (CODE 1)				CSL	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (CODE 2)				BODILY INJURY (PER PERSON)	\$	\$
	<input type="checkbox"/> SCHEDULED AUTOS (CODE 7)				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> HIRED AUTOS (CODE 8)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> NON-OWNED AUTOS (CODE 9)						
	<input type="checkbox"/> OTHER _____						
	<b>EXCESS LIABILITY</b>						
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE		AGGREGATE
	<input type="checkbox"/> OTHER _____				\$	\$	
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE						
	<b>PROFESSIONAL LIABILITY*</b>						
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				EACH OCCURRENCE	\$	AGGREGATE
					\$	\$	
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY*</b>						AS REQUIRED BY FEDERAL AND CALIFORNIA LAW

\*Special Provision #1 below does not apply to this coverage.

- SPECIAL PROVISIONS:**
- THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ITS OFFICERS, AGENTS, AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED BUT ONLY IN CONNECTION WITH \_\_\_\_\_
  - THIS INSURANCE SHALL BE PRIMARY INSURANCE AS RESPECTS THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ITS OFFICERS, AGENTS, AND EMPLOYEES. ANY INSURANCE OR SELF-INSURANCE MAINTAINED BY THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SHALL BE EXCESS OF AND NON-CONTRIBUTORY WITH THIS INSURANCE.
  - THE PROVISIONS UNDER PARAGRAPHS (1 & 2) OF THIS SECTION, "SPECIAL PROVISIONS", SHALL APPLY TO CLAIMS, COSTS, INJURIES OR DAMAGES BUT ONLY IN PROPORTION TO AND TO THE EXTENT SUCH CLAIMS, COSTS, INJURIES OR DAMAGES ARE CAUSED BY OR RESULT FROM THE NEGLIGENT ACTS OR OMISSIONS OF THE NAMED INSURED.
  - SHOULD ANY OF THE INSURANCE PROGRAMS DESCRIBED BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW.

**CERTIFICATE HOLDER: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, CAMPUS/FACILITY:**

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\_\_\_\_\_

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THE UNDERSIGNED CERTIFIES THAT HE/SHE IS AUTHORIZED TO SIGN THIS CETIFICATE AND THAT THE SPECIAL PROVISIONS DESCRIBED HEREIN HAVE BEEN MADE A PART OF THE POLICY(IES) SHOWN ABOVE.

AUTHORIZED REPRESENTATIVE

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