

Date

Agent Name

Address

City/State, Zipcode

Dear (name):

The Associated Students of the University of Nevada would like to consider (**Name of Agent**) to the University of Nevada, Reno campus with the following specifications in mind:

- Date:
- Time:
- Location:
- Compensation: (**Amount**) to be paid/mailed by check to (**Name of Agent**) upon completion of the event.
- Breakdown of product/service:

Should we consider your contract it would have to include with it before it supporting documentation before it can be forwarded for official signature:

- W-9 for the entity or individual receiving payment.
- **Board of Regents of the Nevada System of Higher Education on Behalf of the University of Nevada, Reno** to be included in the Signature Block and Purchaser name
- Insurance, Works' Compensation and Employer's Liability Insurance requirements including:

Commercial General Liability: (MINIMUM LIMITS)

Each Occurrence \$1,000,000

Products/Completed Operations Aggregate \$1,000,000

Personal and Advertising Injury \$1,000,000

General Aggregate \$1,000,000

Additional Insured Endorsement

The Additional Insured endorsement is required on all liability policies. Request the endorsement to read as follows: Board of Regents, Nevada System of Higher Education shall be named as an additional insured for all liability arising from the contract.

Business Automobile Liability: (MINIMUM LIABILITY LIMITS)

Owned, Non-Owned, or Hired Automobiles \$ 1,000,000 per accident combined single limit.

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