

**PLEASE READ THIS STATEMENT**

***PLEASE PROVIDE THE FOLLOWING INFORMATION TO YOUR INSURANCE COMPANY. EFFECTIVE 1/1/97 ALL CERTIFICATES OF LIABILITY MUST NAME THE FOUR (4) PARTIES LISTED BELOW.***

**FAILURE TO PROVIDE PROOF OF INSURANCE MAY  
DELAY OR CANCEL THE START OF YOUR  
EVENT/ACTIVITY.**

**CONTACT THE SUNY BUFFALO STATE OFFICE OF EVENTS MANAGEMENT AT  
(716) 878-6114, FAX (716) 878-6127 or [eventmgt@buffalostate.edu](mailto:eventmgt@buffalostate.edu) WITH QUESTIONS.  
THANK YOU FOR YOUR COOPERATION.**

**IMPORTANT INSURANCE NOTICE**

All permit holders MUST provide proof of single limit public liability insurance in the amount of \$1,000,000 and general aggregate coverage in the amount of \$2,000,000 naming the

**STATE UNIVERSITY OF NEW YORK  
STATE OF NEW YORK  
SUNY BUFFALO STATE  
BUFFALO STATE FOUNDATION**

As additional insureds covering dates requested for use of university facilities.

**Please send all paperwork to:**

**BUFFALO STATE  
OFFICE OF EVENTS MANAGEMENT  
1300 Elmwood Avenue  
Cleveland 319  
Buffalo, NY 14222  
[eventmgt@buffalostate.edu](mailto:eventmgt@buffalostate.edu)**