

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 6/24/2021

a 3 year extended reporting period. Coverage extends to students enrolled in covered academic courses. Coverage extends to any affiliate institution to whom the Named Insured is obligated by written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.           CERTIFICATE HOLDER       CANCELLATION         EVIDENCE OF COVERAGE       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         AUTHORIZED REPRESENTATIVE       Juit Horized REPRESENTATIVE	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.								
Allient Insurance Services, Inc.     Insurance Services, Inc.       100 Pine State L11b Floor     Pine State L11b Floor       San Francisco, CA 94111     Insurence 3, and the state L11b Floor       Insurence 3, and the state L11b Floor     Insurence 3, and the state L11b Floor       Long Beach, CA 90120     Insurence 3, and the state L11b Floor       Long Beach, CA 90120     Insurence 3, and the state L11b Floor       Long Beach, CA 90120     Insurence 3, and the state L11b Floor       Long Beach, CA 90120     Insurence 1, and the state L11b Floor       Long Beach, CA 90120     Insurence 1, and the state L11b Floor       Long Beach, CA 90120     Insurence 1, and the state L11b Floor       This B to Coefficient H11b Floor     Insurence 1, and the state L11b Floor       Long Beach, CA 90120     Insurence 1, and the state L11b Floor       Long Beach, CA 90120     Insurence 1, and the state L11b Floor       Long Beach, CA 90120     Insurence 1, and the state L11b Floor       Long Beach, CA 90120     Insurence 1, and the state L11b Floor       Long Beach, CA 90120     Insurence 1, and the state L11b Floor       Long Beach, CA 90120     Insurence 1, and the state L11b Floor       Long Floor     Insurence 1, and the state L11b Floor       Long Floor     Insurence 1, and the state L11b Floor       A 12 Counce And the state L11b Floor     Insurence 1, and the state L11b Floor       Long Floor <td colspan="9">If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on</td>	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on								
100 Pine Street - 11th Floor     (Add. But       San Francisco, CA 90802     Ind. Fine 415-403 - 100       Name     Ind. Fine 415-403 - 100       Name     Ind. Fine 415-403 - 100       COVERAGES     CERTIFICATE NUMBER: 102000       Fine Street, 11th Floor     Ind. Fine 415-403 - 100       Street B     Ind. Fine 415-403 - 100       Ind. Fine Street, 11th Floor     Ind. Fine 415-403 - 100       Street B     Ind. Fine 415-403 - 100       Ind. Fine Street, 11th Floor     Ind. Fine 415-403 - 100       Ind. Fine Street, 11th Floor     Ind. Fine 415-403 - 100       Ind. Fine Street, 11th Floor     Ind. Fine 415-403 - 100       Ind. Fine Street, 11th Floor     Ind. Fine 415-400       Ind. Fine Street, 11th Floor     Ind. Fine 415-400       Ind. Fine Street, 11th Floor     Ind. Fine 415-400       Ind. Fine Street, 11th Floor     Ind. Fine 51-50       Ind. Fine Street, 11th Floor     Ind. Fine Fine Street B       Ind. Fine Street, 11th Floor     Ind. Fine Fine Street B       Ind. Fine Street, 11th Floor     Ind. Fine Fine Street B       Ind. Fine Street, 11th Floor     Ind. Fine Street B       Ind. Fine Street B     Ind. Fine Fine Street B       Ind. Fine Street B     Ind. Fine Fine Street B       Ind. Fine Street B     Ind. Fine Fine Street B       Ind. Fine Street B     Ind. Fine Fine Street B<		NAME:							
San Francisco, CA 94111  INSURE REMARKA LOyds of London  Net # Net		PHONE FAX (A/C, No, Ext): 415-403-1400 (A/C, No):							
Image: market bit in the state University (CSU)         Image: market bit in the state University (CSU)         Image: market bit in the state bit bit in the state bit in the state bit in the state bit b		E-MAIL							
NUMBER D: The California State University (CSU) 401 Golden Shore; 5th Floor Long Beach, CA 30022         Number B: Numer E: Numer E: Num E: Numer E: Numer E: Numer E: Numer E: Numer E: Nu				INSURER(S) AFFORDING COVERAGE				NAIC #	
The California State University (CSU) 401 Golden S				INSURER A : Lloyds of London					
401 Golden Shore, 5h Floor       Insurer D: Insurer Insurer D: Insurer D: Insurer D: Insurer D: Insurer				INSURER B :					
	401 Golden Shore, 5th Floor			INSURER C :					
EVIDENCE IN UNDER EVIDENCE INTERNATE IN UNDER EVIDENCE INTERNATE IN UNDER EVIDENCE IN UNDER EVIDE	Long Beach, CA 90802			INSURER D :					
COVERAGES         CERTIFICATE NUMBER:         EVISION NUMBER:           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISE DEBOW HAVE BEEN ISSUED TO THE INSURED NAME DADUE POLICY PERIOLS' PERIO									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE POLICY PERIOD         INDICATED. NORWITHSTANDING ANY REQUIREMENT. TERM OR CONTRACT OR OTHER DOCUMENT THE ROPECT TO WHICH THIS SUBJECT TO ALL THE TERMS.         EXCLUSIONS AND CONTINUES ISSUED OF MAY PERTAIN. THE INSURANCE AFFORED BY THE POLICY DESCRIBED HAVEN IS SUBJECT TO ALL THE TERMS.         EXCLUSIONS AND CONTINUES OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REAL POLICIES DESCRIBED TO ALL THE TERMS.         A       X COMMERCIA CERENAL LIMITY         WILL       WILL STANDARD         QUARGE TO RENTED       B1724WLS21A038         7/1/2021       7/1/2021         REDUCTION OF CONTROL CERENT       S000000         PROVIDENT       S000000         QUARGE TO RENTED       B1724WLS21A038         7/1/2021       7/1/2021         REDUCTION OF CENTRE       S000000         PROVIDENT       S000000         QUARGE TO RENTED       S000000         QUARGE TO RENTED       S000000         QUARGE TO RENTED       S000000         PROVIDENT AND REAL REVEAL ALLAR       S000000         QUARGE TO RENTED       S000000 <td></td> <td colspan="4"></td> <td></td>									
INDICATED. NOTWITHSTANDING ANY RECURRENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAINS.         EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAINS.         A       X       COMMERCIAL GENERAL LIABILITY         A       X       COMMERCIAL GENERAL LIABILITY         B       IV24VULS21A038       7/1/2021         Y       CALANS MADE       B1724VULS21A038         Y       CALANS MADE       S2.000.000         GENUE ACCOUNTERING       \$25.000         B       IV24VULS21A038       7/1/2021         Y       Y1/2021       7/1/2022       EACH OCCURRENCE         SCHEDURY       B1724VULS21A038       7/1/2021       T/1/2022       EACH OCCURRENCE         CERVIL AGGREGATE LIMIT APPLIES PER:       B1724VULS21A038       7/1/2021       T/1/2022       EACH OCCURRENCE       \$         AUTOROMILE LIABULTY       B00LY TRUNKY PERSONAL ALOY HIMITY       B1724VULS21A03				VE BEEN ISSUED TO	O THE INSURE		HE POL		
LTR     INSUMPCE     INSUMPCE     POLICY NUMBER     (MMODYYY)     COUNTROL CLARGE     LINITS       A     X     COMMERCAL GENERAL LUBUITY     B1724WLS21A036     7/1/2021     7/1/2021     CACH OCCURRENCE     \$25.000       Image: Commercial Co	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,								
X       CLAIMS-MADE       OCCUR       Decomposition       32.50.00         MARGE TO REFINE       Second       Second <td< td=""><td>INSR LTR TYPE OF INSURANCE</td><td></td><td></td><td>POLICY EFF (MM/DD/YYYY)</td><td>POLICY EXP (MM/DD/YYYY)</td><td>LIMIT</td><td>s</td><td></td></td<>	INSR LTR TYPE OF INSURANCE			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A CLAMS-MADE     OCCUR     OCCU	A X COMMERCIAL GENERAL LIABILITY		B1724WLS21A036	7/1/2021	7/1/2022		\$ 2,000	,000	
Image: Control of the second state of the second	X CLAIMS-MADE OCCUR						\$ 25,00	0	
GENLAGGREGATE LIMIT APPLIES PER:       GENERAL AGGREGATE       \$4,000,000         ATOMOSE E LABLITY       GENERAL AGGREGATE       \$4,000,000         AUTOMOSE E LIABLITY       GENERAL AGGREGATE       \$2,000,000         AUTOMOSE E LIABLITY       BOOLY INJURY (Per parson)       \$         DOWED       STORDALED       BOOLY INJURY (Per acodem)       \$         HIEED       NONGWED       BOOLY INJURY (Per acodem)       \$         MORTSONN       AUTOS ONLY       AUTOS ONLY       BOOLY INJURY (Per acodem)       \$         MORTSONN       AUTOS ONLY       AUTOS ONLY       BOOLY INJURY (Per acodem)       \$         MORTSONN       AUTOS ONLY       AUTOS ONLY       AGGREGATE       \$         DED       RETENTIONS       CLAIMS-MADE       AGGREGATE       \$         MORTSONN       CLAIMS-MADE       EACH OCCURRENCE       \$       AGGREGATE       \$         DED       RETENTIONS       MANATES CONSTRUCT       YN       NA       EL LISEASE - ALEMICONE SUCCURST       \$         MANGREES CONDERDATIONS / LOCATIONS /						MED EXP (Any one person)	\$ 25,00	0	
X       POUCY       PEO:       LOC       PROPUCTS-COMPION AGG       \$ 4,000,000         AUTOMORE LABLITY       COMBINE SONGLE LAW       \$ 2,000,000       COMBINE SONGLE LABLITY       COMBINE SONGLE LABLITY         AVY AUTO       COMMINE SONGLE LABLITY       COMMINE SONGLE LABLITY       COMMINE SONGLE LABLITY       SONGLY NULKY (Per person)       \$         AVY AUTO       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       SONGLY NULKY (Per person)       \$         UNREEL LALIAB       CCLAIMS AMADE       CCLAIMS AMADE       AUTOS ONLY						PERSONAL & ADV INJURY \$2,000,000		,000	
ATOMOSTIC:       POUCY						GENERAL AGGREGATE \$4,000,000		,000	
ATTONOBLE LABILITY       COMBINED SINGLE LAMT       \$         ANY AUTO       SCHEDULED       BODIL' NULUR (Per person)       \$         ANY AUTO       ANY AUTO       BODIL' NULUR (Per person)       \$         ANY AUTO       ANY AUTO       BODIL' NULUR (Per person)       \$         ANY AUTO ONLY       ANTOS ONLY       BODIL' NULUR (Per person)       \$         ANY AUTO ONLY       ANTOS ONLY       BODIL' NULUR (Per person)       \$         BODIL' NULUR (Per person)       \$       BODIL' NULUR (Per person)       \$         MURRELLA LIAB       OCCUR       CLAMSMADE       BODIL' NULUR (Per person)       \$         MODERNO SONLY       ANTOS ONLY       BITO       BITO       BITO       BITO         MORERS COMPENSATION       AND EMPLOYERS LUABILIY       N/A       ELCACHOCCURRENCE       \$         MORERS COMPENSATION       MADE ELIMINERCE COMPANY       N/A       ELL DISEASE - POLICY LIMIT \$       \$         NOTOCOMPENSATION OF OPERATIONS IN MURP (Per person)       S       BODIL' NULUR (Per person)       \$       \$         A Student Policy Argenesation       N/A       BITO       BITO       N/A       ELL DISEASE - POLICY LIMIT \$       \$         A Student Policy Argenesation       BITO       N/A       BITO       BITO									
Arry AUTO       IEa acodemity       -         Avy AUTO       SCHEDULED       BODILY NURX (Per acodem)       S         AVTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODILY NURX (Per acodem)       S         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       SCHEDULED       S         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       S       BODILY NURX (Per acodem)       S         EXCESS LIAB       CLAIMS-MADE       AUTOS ONLY       AUTOS ONLY       S       ACOREGATE       S         DED       RETENTION \$       BODILY MURX (Per acodem)       S       S       ACOREGATE       S         MORENEES COMPENSATION \$       CLAIMS-MADE       ACOREGATE       S       ACOREGATE       S       S         MORENEES CONFERSATIONS       MILE       CLAIMS-MADE       EL DISEASE - FALMPLOYEE \$       EL DISEASE - FALMPLOYE \$       EL D								,000	
OWNED       AUTOS       SCHEDULED       AUTOS       BODLY INJURY (Per accident)       S         HIRED       AUTOS ONLY       AUTOS ONLY       S       PROPERTY DAMAGE       S         UMBRELLA LAB       OCCUR       S       EACH OCCURRENCE       S         DED       RETENTIONS       AUTOS ONLY       AUTOS ONLY       S         MORECES ONLY       AUTOS ONLY       AUTOS ONLY       S         DED       DED       CLAINS-MADE       ACGRECATE       S         DED       RETENTIONS       ACLAINS-MADE       S       S         MORECES COMPENSATION       MATOS MALES       ACLAINS-MADE       S       S         MORECES COMPENSATION       MADEMPLOYERS' LIABILITY       Y/N       S       S       S         MORECES COMPENSATIONS       MADEMPLOYERS' LIABILITY       MADEMPLOYERS' LIABILITY       N/A       EL CHACCIDENT S       S         AWDEROPROTEORATIONS/DEROVENTINE WERECEDUTIVE       MADEMPLOYERS' LIABILITY       N/A       EL LISEASE - EALPHOYEE S       EL LI DISEASE - EALPHOYEE S       EL LI DISEASE - FOLICY LIMIT S       EL DISEASE - FOLICY LIMIT S       EL DISEASE - FOLICY LIMIT S       EACH ACCIDENT S       S       S       S       S       S       S       S       S       S       S       S       <						(Ea accident)			
AUTOS ONLY       AVTOS ONLY       AVTOS ONLY       PROPERTY DAMAGE       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       \$       \$         UMBRELLA LLAB       OCCUR       \$       AGRECATE       \$         DED       RETENTIONS       AGRECATE       \$         WORKERS COMEVENSATION       AGRECATE       \$         MOEMPORTS LABLETY       YIN       AGRECATE       \$         AND EMPLOYERS LABLETY       YIN       AGRECATE       \$         MOEMPORTS LABLETY       YIN       A       EL CACHACCIDENT       \$         Wash devices and the additional status of the additional sta	OWNED SCHEDULED								
AUIUS ONLY       AUIUS ONLY       Image: Constraint of the second	HIRED NON-OWNED					PROPERTY DAMAGE &			
UMBRELLA LIAB       OCCUR       EACH OCCURRENCE       \$         AGGREGATE       \$       AGGREGATE       \$         WORKERS COMPENSATION       AGGREGATE       \$         AND EMPLOYERS LUBBILITY       Y/N       N / A         AND EMPLOYERS LUBBILITY       N / A       EL EACH ACCIDENT         ASSUED FORMER       EL DISEASE - FALMPLOYERS       EL DISEASE - FALMPLOYERS         DESCRIPTION OF OPERATIONS below       B1724WLS21A036       7/1/2021       7/1/2021         A Student Professional       B1724WLS21A036       7/1/2021       7/1/2021       S2000.000         DESCRIPTION OF OPERATIONS /LOCATIONS /VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is provided on a claims-made basis including a 3 year extended reporting period. Coverage extends to students enrolled in coverad acdemic courses. Coverage extends to any affiliate institution to whom the varied insured is obligated by write a agreement to add as Additional neurol is obligated by write a additional neurol is obligated by write a agreement to add as Additional neurol is obligated by write a agreement to add as Additional neurol is obligated by write a agreement to add as Additional neurol is obligated by write a additional neurol is obligated by write a additional neurol is obligated by write a additional neurol is obliga	AUTOS ONLY AUTOS ONLY					(Per accident)			
EXCESS LIAB       CLAIMS-MADE       AGGREGATE       \$         DED       RETENTIONS       S         WORKERS COMPENSATION AND EMPLOYERS' LUBILITY ANPROPRIETOR/PARTNER/SECUTIVE       Y/N IM       N/A         A       Student Professional Libbility Restriction of OPERATIONS below       N/A         A       Student Professional Libbility Restriction OF OPERATIONS LOCATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       EL. DISEASE - PALAWLOYEE S         DESCRIPTION OF OPERATIONS / LOCATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Each Claim         THIS CERTIFICATE HOLDER       COVErage extends to students enrolled in covered academic courses. Coverage extends to an a dams-made basis including a Syear extended reporting period. Coverage extends to students enrolled in covered academic courses. Coverage extends to an a diffulate institution to whom the Named insured is obligated by written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.         EVIDENCE OF COVERAGE       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         UNIVERSITY AND ADDE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.       AUTHORIZED REPRESENTATIVE									
DED       RETENTION \$       \$         WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANYPROPRIETOR/PARTIRE/EXECUTIVE OFFICE/RMEMBER EXCUTIVE OFFICE/RMEMBER EXCUTIVE (Mandatory in NH) If yes, Gioceb and/or Mandatory in NH, Mandator Mandatory in NH, Mandator Man									
WORKERS COMPENSATION       WORKERS COMPENSATION       ETATUTE       ETATUTE       ETH-         AND ROMPLOYERS'LABILITY       Y/N       N/A       EL DISEASE - FALENTICE       \$         OFFICE/ANDMEMBER EXCULIDED?       WI/A       B1724WLS21A036       7/1/2021       7/1/2022       \$       EL DISEASE - POLICY LIMIT       \$         A       Student Professional       B1724WLS21A036       7/1/2021       7/1/2022       \$       EL DISEASE - POLICY LIMIT       \$         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       THIS CERTIFICATE IS PROVIDED FOR EVIDENCE ONLY. General Liability and Professional Liability coverage is provided on a claims-made basis including a 3 year extended reporting period. Coverage extends to students enrolled in covered academic courses. Coverage extends to any affiliate institution to whom the Named Insured is obligated by written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.         CERTIFICATE HOLDER       CANCELLATION         EVIDENCE OF COVERAGE       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE          SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE          SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE          SHOULD ANY OF THE ABOVE DES									
Amyrenopeut Engreatmer REXCLUDEOP       VIA       N/A       EL. EACH ACCIDENT       \$         Composition under the second basis       EL. DISEASE - EA EMPLOYEE \$       EL. DISEASE - EA EMPLOYEE \$       EL. DISEASE - EA EMPLOYEE \$         PESCRIPTION OF OPERATIONS below       B1724WLS21A036       7/1/2021       \$2,000.000       Each Claim         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       This CERTIFICATE IS PROVIDED FOR EVIDENCE ONLY. General Liability and Professional Liability coverage is provided on a claims-made basis including a 3 year extended reputing period. Coverage extends to students enrolled in covered academic courses. Coverage extends to any affiliate institution to whom the Named Insured is obligated by written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.         CERTIFICATE HOLDER       CANCELLATION         EVIDENCE OF COVERAGE       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.           AutHORIZED REPRESENTATIVE	WORKERS COMPENSATION					PER OTH- STATUTE ER			
Mandatory in NH)       EL. DISEASE - EA EMPLOYEE       S         Mandatory in NH)       EL. DISEASE - EA EMPLOYEE       S         EL. DISEASE - POLICY LIMIT       S         A       Student Professional Liability insurance Program (SPLIP)       B1724WLS21A036       7/1/2021       7/1/2022       S2.000.000       Each Claim Policy Aggregate         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       THIS CERTIFICATE IS PROVIDED FOR EVIDENCE ONLY. General Liability and Professional Liability coverage extends to any affiliate institution to whom the Named Insured is obligated by written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.         CERTIFICATE HOLDER       CANCELLATION         EVIDENCE OF COVERAGE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE 	ANYPROPRIETOR/PARTNER/EXECUTIVE	N / A					\$		
DESCRIPTION OF OPERATIONS below       EL. DISEASE - POLICY LIMIT       S         A       Studem Professional Liability insurance Program (SPLIP)       B1724WLS21A036       7/1/2021       2/1/2022       \$200.000       Each Claim Policy Aggregate         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       THIS CERTIFICATE IS PROVIDED FOR EVIDENCE ONLY. General Liability and Professional Liability coverage is provided on a claims-made basis including a 3 year extended reporting period. Coverage extends to subudents enrolled in covered academic courses. Coverage extends to any affiliate institution to whom the Named Insured is obligated by written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.         CERTIFICATE HOLDER       CANCELLATION         EVIDENCE OF COVERAGE       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         EVIDENCE OF COVERAGE       AUTHORIZED REPRESENTATIVE          AUTHORIZED REPRESENTATIVE	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$		
Example in the program (SPLIP)       Definition in the provided in the provided in the provided in the provided on a claims made basis including a 3 year extended reporting period. Coverage extends to students enrolled in covered academic courses. Coverage extends to any affiliate institution to whom the Named Insured is obligated by written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.         CERTIFICATE HOLDER       CANCELLATION         AUTHORIZED REPRESENTATIVE       Authorized REPRESENTATIVE          Juithorized REPRESENTATIVE	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT			
THIS CERTIFICATE IS PROVIDED FOR EVIDENCE ONLY. General Liability and Professional Liability coverage is provided on a claims-made basis including a 3 year extended reporting period. Coverage extends to students enrolled in covered academic courses. Coverage extends to any affiliate institution to whom the Named Insured. Coverage applies only when there exists a written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.         CERTIFICATE HOLDER       CANCELLATION         CERTIFICATE HOLDER       Should Any of THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         EVIDENCE OF COVERAGE       AUTHORIZED REPRESENTATIVE          Juilton Date Thereof, Notice Will BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	Liability Insurance		B1724WLS21A036	7/1/2021	7/1/2022	\$2,000,000 \$4,000,000			
EVIDENCE OF COVERAGE Authorized representative Authorized Representative	THIS CERTIFICATE IS PROVIDED FOR EVIDENCE ONLY. General Liability and Professional Liability coverage is provided on a claims-made basis including a 3 year extended reporting period. Coverage extends to students enrolled in covered academic courses. Coverage extends to any affiliate institution to whom the Named Insured is obligated by written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.								
EVIDENCE OF COVERAGE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE 	CERTIFICATE HOLDER			CANCELLATION					
		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
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