

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/28/2017

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRO	DUCER		CONTA NAME:	ст)(t)					
Aon Risk Services Northeast, Inc.						PHONE (A/C, No, Ext): (866) 283-7122 FAX (A/C, No): (800) 363					363-0105	
1660 West 2nd St. Suite 650						E-MAIL ADDRESS:						
Cleveland, OH 44113						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : United Educators Insurance 10020						
INSURED						INSURER B:						
The Ohio State University												
1961 Tuttle Park Place 2nd Floor						INSURER C:						
						INSURER D:						
Columbus, OH 43210						INSURER E :						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR			SUBR	SUBR			LICY EFF POLICY EXP (DD/YYYY) (MM/DD/YYYY)			LIMITS		
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	TED	s s		
								MED EXP (Any one person) \$				
								1		s		
	GEN'L AGGREGATE LIMIT APPLIES PER:						1	PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$				
	PRO-											
	0201							PRODUCTS - COM	P/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY	-						COMBINED SINGLE	ELIMIT	s s		
	ANY AUTO							(Ea accident)				
	OWNED SCHEDULED							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (P	and the second second second	\$		
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)	JC	\$		
		+								\$		
	X UMBRELLA LIAB X OCCUR							and the second second		000,000		
Α	EXCESS LIAB CLAIMS-MADE			C04-42W		05/01/2017	05/01/2018	AGGREGATE		\$ 25,0	000,000	
	DED X RETENTION\$ 5,000,000									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDE	NT	s		
							E.L. DISEASE - EA I	E - EA EMPLOYEE \$				
							E.L. DISEASE - POLICY LIMIT \$					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)				
	BRELLA CERTIFICATE CLAUSE: The								s'			
Liab	ility Coverage up to \$5,000,000 USD E	ach (Occur	rence. Limits shown are ex	cess o	f the Self-Insu	red Retention	n. You are	8			
included as an Additional Insured on the Umbrella Liability policy where the Ohio State University is obligated as a result of												
any contract or agreement entered into prior to loss that requires The Ohio State University to furnish insurance to you												
provided by the Umbrella Liability policy. The Waiver of Subrogation applies in your favor on the Umbrella Liability policy where such waiver is included in any contract or agreement executed prior to the date of loss.												
where such waiver is moduled in any contract or agreement executed prior to the date of loss.												
CE	RTIFICATE HOLDER											
The Ohio State University						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1961 Tuttle Park Place 2nd Floor.						AUTHORIZED REPRESENTATIVE						
Columbus, OH 43210					50 500 F 60 500 500 F 70 F 7							
						Aon Risk Services Northeast, Inc.						