ACORD [®] CERTIFICATE OF LIABILITY INSURANCE									DATE (MM/DD/YYYY) 11/14/13	
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 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).										
PRODUCER					CONTACT NAME:					
Company Name					PHONE FAX (A/C, No, Ext): (A/C, No):					
Address					E-MAIL ADDRESS:					
Phone Number					INSURER(S) AFFORDING COVERAGE NAIC #					
INSURED					INSURER B : BEST AND ARE ABLE TO DO BUSINESS IN THE STATE OF OHIO					
FOR ARCHITECTS / ENGINEERS / CONSULTANTS					INSURER C : RECORD NAIC # IN APPROPRIATE BOX TO LEFT					
					INSURER D :					
				INSURER E :						
COVERAGES CEF	INSURER F : REVISION NUMBER:									
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 TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	NITS		
GENERAL LIABILITY	mor		TOLIGT NUMBER				EACH OCCURRENCE	\$ 1,00	00,000	
X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
							GENERAL AGGREGATE	\$ <mark>1,00</mark>	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AG			
POLICY X PRO- JECT LOC							COMBINED SINGLE LIMIT (Ea accident)	\$	20.000	
							(Ea accident) BODILY INJURY (Per person	\$ <mark>1,00</mark>) \$	00,000	
ALL OWNED SCHEDULED							BODILY INJURY (Per accider			
AUTOS AUTOS NON-OWNED HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
AUTOS								\$		
x UMBRELLA LIAB x OCCUR							EACH OCCURRENCE	\$ 1,00	0,000	
X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ <mark>1,00</mark>	<mark>)0,000</mark>	
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			OHIO STOP GAP COVE	<mark>RAGE</mark>			WC STATU- TORY LIMITS EI	H- 2		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ <mark>500.</mark>		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOY			
DÉSCRIPTION OF OPERATIONS below PROFESSIONAL LIABILITY			IF OCCURRENCE BASED	MUST	CONTINUE	OTIFICATIO	E.L. DISEASE - POLICY LIMI		000	
(must include deductible amount)			FOR 2 YRS AFTER COMPL AMOUNT, AND IT MUST	LETION	, PROVIDE D		\$2,000,000 EACH \$2,000,000 ANNU DEDUCTIBLE AN	AL AGGI		
DESCRIPTION OF OPERATIONS // OCATIONS (VEHIC		\				roquired)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) PLEASE INCLUDE NAME OF PROJECT & PROJECT NUMBER IF CONTRACT AMOUNT IS OVER \$100,000, OTHERWISE YOU MAY INDICATE "ALL OPERATIONS". CASE WESTERN RESERVE UNIVERSITY MUST BE NAMED ADDITIONAL INSURED FOR GENERAL, AUTOMOBILE AND EMPLOYERS LIABILITY/OHIO STOP GAP COVERAGE. ADDITIONAL INSURED ENDORSEMENT PAGE(S) REQUIRED ON CG 2010 11/85 FORM OR EQUIVALENT FORM AND MUST BE ATTACHED.										
(INSURANCE MUST BE PRIMARY AND NON-CONTRIBUTORY) ADDITIONAL INSURED MUST AFFORD COVERAGE FOR COMPLETED PROJECTS, AND BE SPECIFIC TO CASE WESTERN RESERVE UNIVERSITY AND THE PROJECT IN THE SCHEDULE OR DESCRIPTION. IF A BLANKET ENDORSEMENT, STATE SO ON CERTIFICATE.										
CERTIFICATE HOLDER	CANC	CELLATION								
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OHIO 44106-7228					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
ATTN: OFFICE OF BUSINESS & FINANCE CAMPUS PLANNING & FACILITIES MANAGEMENT					AUTHORIZED REPRESENTATIVE					
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