ACORD [®] CER [®]	TIFICA	TE OF LIA	BILITY IN	ISURA	NCE	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 COMPANY NAME	CONTACT NAME: PHONE FAX					
ADDRESS	(A/C, No, Ext): (A/C, No):					
PHONE NUMBER			ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #			
	INSURER A : INSURERS LISTED MUST BE A-, VII OR BETTER, RATED BY A.M.					
INSURED FOR CONSTRUCTION CONTRACTORS \$100,000 & OVER			INSURER B BEST AND ARE ABLE TO DO BUSINESS IN THE STATE OF OHIO			
			INSURER C :RECORD NAIC # IN APPROPRIATE BOX TO LEFT INSURER D :			
			INSURER D :			
	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 TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		UST INCLUDE COMPLE OR 3 YRS. AFTER COMP			EACH OCCURRENCE	\$ <mark>1,000,000</mark>
X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	E	XPLOSION, COLLAPSE, 1	UNDERGROUND P	ROPERTY .	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$
		AMAGE AND INDEPEN	DENT CONTRACT	<mark>ORS.</mark>	PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$ <mark>2,000,000</mark>
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ \$
POLICY X JECT LOC	IF	HAULING OF ABATED	OR HAZARDOUS N	ATERIALS	COMBINED SINGLE LIMIT	\$ \$1,000,000
	M	UST PROVIDE MCS-90 (COVER <mark>AGE.</mark>		BODILY INJURY (Per person)	\$
ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
HIRED AUTOS AUTOS					(Per accident)	\$ \$
X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$5,000,000
X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ <mark>5,000,000</mark>
DED RETENTION \$					WC STATU-	\$
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		HIO STOP GAP			E.L. EACH ACCIDENT	\$1,000,000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A				E.L. DISEASE - EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ <mark>1,000,000</mark>
ENVIRONMENTAL IMPAIRMENT		CLAIMS-MADE, MUST OMPLETION.	CONTINUE 3 YRS.	AFTER	\$1,000,000 EACH CLAIM \$2,000,000 ANNUAL AG	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
FOR PROJECTS \$100,000 & OVER, PROJECT CIP NUMBER AND NAME MUST BE ON CERTIFICATE OF INSURANCE.						
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-CONTIBUTORY) 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 CANCELLATION						
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 & FII	AUTHORIZED REPRESENTATIVE					
CAMPUS PLANNING & FACILITIES MANAGEMENT PLEASE PRINT NAME AND SIGN						
© 1988-2010 ACORD CORPORATION. All rights reserved.						

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

ACORDs provided by Forms Boss. www.FormsBoss.com; (c) Impressive Publishing 800-208-1977