

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).

certificate floider in fled 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 #
	INSURER A: INSURERS LISTED MUST BE A-, VII OR BETTER RATE	D BY A.M.
INSURED	INSURER B: BEST AND ARE ABLE TO DO BUSINESS IN THE STATE	OF OHIO
FOR CONSTRUCTION CONTRACTORS UNDER \$100,000	INSURER C: RECORD NAIC # IN APPROPRIATE BOX TO LEFT	
	INSURER D:	
	INSURER E:	
	INSURER F:	l
COVERACES CERTIFICATE NUMBER.	DEVISION 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 LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X PRO- JECT LOC			MUST INCLUDE COMPLETED OF FOR 3 YRS. AFTER COMPLETION EXPLOSION, COLLAPSE, UNDER DAMAGE AND INDEPENDENT OF THE PROPERTY OF T	I AND LIABIL GROUND PR	ITY FOR OPERTY	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ \$ \$ \$ \$ 2,000,000 \$ \$
	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS			IF HAULING OF ABATED OR HA MUST PROVIDE MCS-90 COVER		ATERIALS	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
	X UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$						(EACH OCCURRENCE) (AGGREGATE)	\$ <mark>2,000,000</mark> \$ <mark>2,000,000</mark> \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		OHIO STOP GAP			WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
	(ENVIRONMENTAL IMPAIRMENT)			IF CLAIMS-MADE MUST CONTI	NUE 3 YRS. A	FTER	\$1,000,000 EACH CLAIM \$2,000,000 ANNUAL AGO	

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 OVER \$100,000, OTHERWISE YOU MAY INDICATE "ALL OPERATIONS". CASE WESTERN RESERVE UNIVERISTY 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	CANCELLATION

CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE

CLEVELAND, OHIO 44106-7228

ATTN: OFFICE OF BUSINESS & FINANCE
CAMPUS, PLANNING & FACILITIES MANAGEMENT

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

PLEASE PRINT NAME AND SIGN

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ACORD 25 (2010/05)

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