



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 COMPANY NAME ADDRESS PHONE NUMBER	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: INSURERS LISTED MUST BE A-, VII OR BETTER RATED BY A.M. 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 E: INSURER F:	
INSURED FOR CONSTRUCTION CONTRACTORS UNDER \$100,000		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			MUST INCLUDE COMPLETED OPERATIONS COVERAGE FOR 3 YRS. AFTER COMPLETION AND LIABILITY FOR EXPLOSION, COLLAPSE, UNDERGROUND PROPERTY DAMAGE AND INDEPENDENT CONTRACTORS.			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			IF HAULING OF ABATED OR HAZARDOUS MATERIALS MUST PROVIDE MCS-90 COVERAGE.			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			OHIO STOP GAP			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	ENVIRONMENTAL IMPAIRMENT			IF CLAIMS-MADE MUST CONTINUE 3 YRS. AFTER COMPLETION.			\$1,000,000 EACH CLAIM \$2,000,000 ANNUAL AGGREGATE

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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