

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/06/2023

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).							
PRODUCER	CONTACT NAME:						
MARSH USA LLC. 200 Public Square, Suite 3760	PHONE FAX (A/C, No, Ext): (A/C, No):						
Cleveland, OH 44114			EMAIL ADDRESS:				
					RDING COVERAGE		NAIC #
CN101360767-YSU-Med-22-23			INSURER A : Hudson Excess Insurance Company				25054
INSURED			INSURER B :				
Youngstown State University Attn: Julie Gentile			INSURER C :				
One University Plaza			INSURER D :				
Cushwa Hall, Room 2303 Youngstown, OH 44555			INSURER E :				
	INSURER F :						
COVERAGES CEF	CLE-007053112-02 REVISION NUMBER: 1						
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 SU		POLICY EFF (MM/DD/YYY)	F POLICY EXP Y) (MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$	
CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)	\$	
· · · · · · · · · · · · · · · · · · ·					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
					PRODUCTS - COMP/OP AGG	\$	
OTHER:					COMBINED SINGLE LIMIT	\$	
					(Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$					PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y / N					STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
DÉSCRIPTION OF OPERATIONS below	+	1105 10010	07/07/07	07/01/005	E.L. DISEASE - POLICY LIMIT	\$	1 000 000
A Medical Malpractice		HCF 10213	07/01/2023	07/01/2024	Per occurrence		1,000,000
Claims made basis; \$25,000 Ded					Aggregate		3,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of insurance							
CERTIFICATE HOLDER			CANCELLATION				
Youngstown State University Attn: Julie Gentile One University Plaza Cushwa Hall, Room 2303	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Youngstown, OH 44555			AUTHORIZED REPRE	SENTATIVE			
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					Marsh USA .	CL C	9
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