

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2023

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 If SUBROGATION IS WAIVED, subject	is an to th	ADD	ITIONAL INSURED, the prms and conditions of th	e polic	y, certain p	olicies may i				
this certificate does not confer rights to the certificate holder in lieu of su					CONTACT					
PRODUCER MARSH USA LLC.					NAME:					
200 Public Square, Suite 3760 Cleveland, OH 44114				(A/C, No, Ext): (A/C, No):						
				E-MAIL ADDRESS:						
				INSURER(S) AFFORDING COVERAGE					NAIC #	
CN101360767-YSU-Prp25-22-23				INSURER A : Travelers Excess and Surplus Lines Company					29696	
INSURED Youngstown State University				INSURER B :						
Attn: Julie Gentile				INSURER C :						
One University Plaza Cushwa Hall, Room 2303				INSURER D :						
Youngstown, OH 44555				INSURER E :						
				INSURER F :						
COVERAGES CERTIFICATE NUMBER:					CLE-005780348-43 REVISION NUMBER: 8					
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.										
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3		
							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	\$		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
OTHER:								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$	1							\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$		
OFFICER/MEMBEREXCLUDED?	N/A									
If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
A Property			KTQ-CMB-4S48919-5-23		07/01/2023	07/01/2024	E.L. DISEASE - POLICY LIMIT	φ	10,000,000	
					0710172023	07/01/2024				
(Other deductibles may apply			per policy terms and conditions)				Deductible		1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedul	le, may be	e attached if mor	e space is require	 ad)			
CERTIFICATE HOLDER	CANC	CANCELLATION								
Youngstown State University Attn: Julie Gentile One University Plaza Youngstown, OH 44555					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					
					Marsh USA LLC					

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