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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/20/2018

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).

this certificate does not confer rights to the certificate holder in fieu of such endorsement(s).						
PRODUCER SAMPLE	CONTACT NAME:					
	PHONE FAX (A/C, No. Ext): (A/C, No): (
CERTIFICATE	E-MAIL ADDRESS:					
02:X111 107 X12	INSURER(S) AFFORDING COVERAGE	NAIC#				
www.patrisk.com 0K07568	INSURER A: Lloyds Syndicate 3624 (Hiscox Syndicates)					
INSURED SUPPLIER NAME AND ADDRESS	INSURER B: Ohio Security Insurance Company 24					
SUPPLIER NAIVIE AND ADDRESS	INSURER C: Oak River Insurance Company	34630				
	INSURER D: National Union Fire Ins Co Pittsburgh PA 1944					
	INSURER E:					
	INSURER F:					

				TIFICATE NUMBER: 43717139		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.								
"	ISR TR	TYPE OF INSURANCE	ADDL	ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Γ	Α	✓ COMMERCIAL GENERAL LIABILITY	1	1	159872718	7/3/2018	7/3/2019	EACH OCCURRENCE	\$1,000,000
l		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
l								MED EXP (Any one person)	\$5,000
l								PERSONAL & ADV INJURY	\$ 1,000,000
l		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
l		POLICY V PRO- JECT LOC						PROPUETS - COMP/OP AGG	\$2,000,000
L		OTHER:		_	Λ Λ			COMBINED SINGLE LIMIT	\$
l	В	AUTOMOBILE LIABILITY	-	✓	7781 31	2/25/7 18	2/25/2019	dent)	\$ 1,000,000
l		✓ ANY AUTO OWNED SCHEDULED			\frown \cup			BODILY INJURY (Per person)	\$
l		AUTOS ONLY AUTOS NON-OWNED			, 1 1 1 1	,		RODILY INJURY (Per accident)	
l		AUTOS ONLY AUTOS ONLY					-	(Per accident)	\$
L			_	-					\$
l	D	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	\$
l		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
L	_	DED RETENTION \$			040000	40/04/0047	40/04/0040	DED OTH	\$
l	С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			812696	10/24/2017	10/24/2018	✓ PER OTH- STATUTE ER	
l	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$ 1,000,000
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
L		DÉSCRIPTION OF OPERATIONS below	-	-				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	A	Professional Liability							
Г	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
	The State of California, the Trustees of the California State University, University Auxiliary Services (UAS) the Campus and the officers, employees, volunteers and agents of each of them are named as Additional Insured with regards to the Operations of the Named Insured. Coverage includes Primary and Non-contributory and Waiver of subrogation per endorsements attached as required by written contract. *30-day notice of cancellation / 10-days for non-payment of premium.								
1									

CERTIFICATE HOLDER

CANCELLATION

California State University, Los Angeles 5151 State University Drive Los Angeles CA 90032 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ATTENTION: PROCUREMENT

AUTHORIZED REPRESENTATIVE

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