

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MIWDD/YYYY) 03/25/2022

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).

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PRODUCER						NAME:	Prod	lucer Contac	t Name			
Name of Company						PHONE (A/C, No, Ext): (860)123-4567 PAA (A/C, No): (860)891-2345						
1234 Insurance Lane						ADDRESS: emailaddress@emailaddress.com						
City, State, Zip						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSUR	ERA: Exam					
INSURED							INSURER B:					
Name of Company Insured by Producer						INSURER C:						
1234 My Company Avenue							INSURER D :					
City, State, Zip						INSURER E :						
·9/ - ··· ·/ · F						INSURER F:						
COVERAGES CERTIFICATE NUMBER: 95988018-												
TH	IS IS	TO CERTIFY THAT THE POLICIES						HE INSURED N	NAMED ABOVE FOR THE P	OLICY	PERIOD	
CE	RTIF	ATED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY PE	ERTAI	N, Th	HE INSURANCE AFFORDED	BY TH	E POLICIES DI	ESCRIBED HE	REIN IS SUBJECT TO ALL			
	CLU	SIONS AND CONDITIONS OF SUCI				E BEEL			MS.			
INSR LTR	VI	TYPE OF INSURANCE	าหรь	SUBR WVD			POLICY EFF (MWDD/YYYY)	POLICY EXP (MIWDD/YYYY)	LIMIT		4 000 000	
Α	X	COMMERCIAL GENERAL LIABILITY			AB123456		09/11/2021	09/11/2022		\$	1,000,000	
	_	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000	
									MED EXP (Any one person)	\$	5,000	
ļ									PERSONAL & ADV INJURY	\$	0.000.000	
	-	LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	Х	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							COMBINED SINGLE LIMIT	\$		
		DMOBILE LIABILITY							(Ea accident)	\$		
		ANY AUTO  OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
		AUTOS AUTOS							BODILY INJURY (Per accident	\$		
		AUTOS ONLY							(Per accident)	\$		
l		AOTOGONET							·	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
ı		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
		KERS COMPENSATION							PER OTH- STATUTE ER			
	ANY F	EMPLOYERS' LIABILITY Y/N PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	(Man	CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYE	\$		
		, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
	DLOC	SKII HON OF CELEVATIONS BEIOW							L.L. DIOLAGE - I GLIGIT LIMIT	Ÿ		
DESC	RIPTIC	ON OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may l	e attached if mo	re space is requir	red)			
									·			
Sta	te o	f Connecticut, Board of Trus	tees	, Uni	iversity of Connecticu	t is lis	ted as an a	dditional ir	isured.			
CERTIFICATE HOLDER							CANCELLATION					
State of Connecticut University Of connecticut						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
												Dept Of Administrative Serivces
Ins.& Risk Mgmt. Board, 450 Columbus Blvd						AUTHORIZED REPRESENTATIVE						
Hartford, CT 06103						SIGNATURE OF PRODUCER CONTACT						

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