

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/28/2018

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.

						rms and conditions of th				require an endorsement	. As	tatement on	
PRODUCER								CONTACT NAME:					
Marsh USA Inc. 200 Public Square							PHONE FAX (A/C, No, Ext): (A/C, No):						
Suite 3760							E-MAIL ADDRESS:						
Cleveland, OH 44114							INSURER(S) AFFORDING COVERAGE					NAIC#	
18875 -CleSt-MED-18-19							INSURER A : IUC-IC Insurance Consortium					IVAIO#	
INSURED									on Insurance Com			27960	
Cleveland State University Attn: Cathie Chancellor							INSURER C:						
2300 Euclid Avenue							INSURER D:						
Cleveland, OH 44115							INSURER E :						
								INSURER F:					
COVERAGES CERTIFICATE NUMBER:								CLE-005623805-04 REVISION NUMBER: 4					
IN C E	IDIC/ ERTI XCLU	ATED. NOTWITHS	TANDING ANY RE SSUED OR MAY	EQUIF PERT POLI	REME TAIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	ст то	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY				IUC-IC-GL JULY 2018-19		07/01/2018	07/01/2019	EACH OCCURRENCE	\$	5,000,000		
		CLAIMS-MADE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
										MED EXP (Any one person)	\$	NOT COVERED	
										PERSONAL & ADV INJURY	\$	5,000,000	
	GEN	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000	
	X	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$	Incl. in Gen. Agg.	
	A117	OTHER:				_				COMBINED SINGLE LIMIT	\$		
	AU	ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$		
		OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$		
		AUTOS ONLY HIRED	AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY	AUTOS ONLY							(Per accident)			
		UMBRELLA LIAB									\$		
		EXCESS LIAB	OCCUR							EACH OCCURRENCE	\$		
			CLAIMS-MADE	-						AGGREGATE	\$		
	WOF	DED RETENTI				 				PER OTH- STATUTE ER	\$		
AND EMPLOYERS' LIABILITY Y / N									<u> </u>				
	OT TOET VINE MIDE IN EXCEODED!			N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMPLOYEE			
D		CRIPTION OF OPERAT	IONS below			MI DO07400050 007		07/04/0040	07/04/0040	E.L. DISEASE - POLICY LIMIT	\$	1 000 000	
В		lical Malpractice				MLPG27169958 007		07/01/2018	07/01/2019	Per claim		1,000,000	
	Claii	ms made basis; \$25,000	Ded							Annual aggregate		3,000,000	
DES	CRIPT	TION OF OPERATIONS /	LOCATIONS / VEHIC	LES (A	ACORE	D 101, Additional Remarks Schedu	le, may be	e attached if mor	l re space is requir	ed)			
							CANCELLATION						
CERTIFICATE HOLDER								CANCELLATION					
CLEVELAND STATE UNIVERSITY 1802 E, 25TH STREET PS233 CLEVELAND, OH 44115							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 of Marsh USA Inc.						
							Michael R. Jackisch						