



CERTIFICATE OF LIABILITY INSURANCE

Current Date

DATE (MM/DD/YYYY)
3/1/2020

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 IS NOT A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE INSURED.

IMPORTANT: If the certificate holder is an individual, 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. This certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Contact Information

Insurance Company Names

Name of Supplier Vendor or Contractor

Commercial General Liability and Occurrence checked

Policy Effective Date and Expiration Date

General Liability Occurrence Limit \$1,000,000

PRODUCER ABC's Insurance Agent 100 Main Street Rochester, NY 14601		CONTACT NAME: John J. Agent PHONE (A/C, No. Ext): 630-555-1234 FAX (A/C, No): 630-555-9876 E-MAIL ADDRESS:	
INSURED ABC Company 250 Main Street Rochester, NY 14623		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Best Insurance Company	NAIC # 12345
		INSURER B: XYZ Insurance Company	NAIC # 00012
		INSURER C: United Professional Insu	NAIC # 99912
		INSURER D:	
		INSURER E:	

CERTIFICATE NUMBER: THE POLICIES OF INSURANCE LISTED BELOW INCLUDING ANY REQUIREMENT, TERM OR CONDITION APPLICABLE TO THE POLICY OR MAY PERTAIN, THE INSURANCE AFFORDED BY SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

REVISION NUMBER: THE POLICIES OF INSURANCE LISTED ABOVE INCLUDING ANY REQUIREMENT, TERM OR CONDITION APPLICABLE TO THE POLICY OR MAY PERTAIN, THE INSURANCE AFFORDED BY SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	CGL 1234567 Policy Number	7/1/2019	7/1/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Abuse/Molestation \$1,000,000 Abuse Molestation Limit \$1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 987654 Auto Liability Limit \$1,000,000	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETEN			KS 24680 Excess Liability Limit \$3,000,000	7/1/2019	7/1/2020	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 13579 Workers Compensation Statutory Coverage and Limits	7/1/2020		<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
C	Professional Liability			22333 Other Coverage Required Limit	7/1/2019	7/1/2020	\$1,000,00 Each Accident \$2,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Roberts Wesleyan College is added as Additional Insured per contract on a primary and contributory basis. If the Abuse/Molestation coverage is not noted above under the limit section it should be noted here as NOT excluded.

RWC Named Additional Insured.

CERTIFICATE HOLDER Roberts Wesleyan College Attn: Monika Robertson 2301 Westside Drive Rochester NY 14624 RWC is the Certificate Holder (not a Division, or College.)	CANCELLATION 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 John J. Agent
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