

## CERTIFICATE OF INSURANCE

Addressed to: John Carroll University  
 1 John Carroll Blvd  
 University Hts, OH 44118

This is to certify that insurance policies, subject to their terms, conditions and exclusions, are at present in force in this company as follows:

Name and Address of Insured: \_\_\_\_\_  
 \_\_\_\_\_

Covering All Operations in Connection with Project Known As: \_\_\_\_\_  
 \_\_\_\_\_

*The Insured's General Liability Insurance including Excess/Umbrella shall be the primary insurance.*

States in which insurance applies: Ohio

Kind of Insurance	Limits of Liability in Thousands (000)	Policy # - Carrier	Policy Effective/Expiration Date
1a. Workers' Compensation and 1b. Employer's Liability	Statutory \$ _____ Each Accident		
2. Comprehensive General Liability including: (a) Premises & Operations (b) Elevators (c) Independent Contractors (d) Blanket Contractual Including Liability Assumed by Insured Under the Subcontract	Bodily Injury: Each Occurrence \$ _____  Property Damage: Each Occurrence \$ _____  Aggregate \$ _____ or Combined Single Limit \$ _____		
3. Comprehensive Automobile Liability Including Coverage For Owned, Non-owned, & Hired Automobile Exposures	Bodily Injury and Property Damage:  Each Accident \$ _____		
4. Excess Bodily Injury & Property Damage Liability, Excess of 1b, 2, & 3 Above	Each Occurrence \$ _____  Aggregate \$ _____		
5. If required, insert other coverage here.			

6. Additional Insured (s): John Carroll University

Location where insurance applies is John Carroll University Main Campus unless noted otherwise. Insurer shall note any differences in locations.

This certificate of insurance does not amend, extend or otherwise alter the terms and conditions of insurance coverage contained in the policies referred to herein.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

In the event of reduction, cancellation, or non-renewal, it is agreed that the undersigned Insurance Company will give thirty (30) days advance written notice, as evidenced by return receipt of registered mail, to:

John Carroll University  
 1 John Carroll Blvd  
 University, OH 44118

By \_\_\_\_\_  
 Authorized Representative

With \_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip