

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 be endorsed. If SUBROGATION IS WAIVED, subject to

PRODUCER .				CONTACT NAME:			
SAMPLE-BROKER				PHONE   FAX (A/C, No. Ext): (A/C, No):   E-MAIL   ADDRESS:			
				INSURER A: Insurance Company Name			NAIG W
NSURED				INSURER B: Insurance Company Name			
SAMPLE-VENDOR				INSURER C: Insurance Company Name			
				INSURER D:	rance doing	party marrie	
				INSURER E :			
OVE	RAGES CER	TIEICATE	NUMBER:	INSURER F:  REVSION NUMBER:			
CER EXCI	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, 1	IT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	OR OTHER I ES DESCRIBE PAID CLAVAS	D NAMED ABOVE FOR THE P	O WHICH THI
R	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY	(MINIOT CALL)	LIMITS	
X	COMMERCIAL GENERAL LIABILITY	X	CGL 123456	09/01/20	09/01/20	DAMAGE TO BENTED	1,000,000
	CLAIMS-MADE X OCCUR						1,000,000
							1,000,000
X	\$100,000 SIR			O.			2,000,000
GI	EN'L AGGREGATE LIMIT APPLIES PER:			$\sim$		PRODUCTS - COMP/OP AGG \$	2,000,000
	POLICY PRO- JECT LOC					\$	
AL	JTOMOBILE LIABILITY			09/01/20	09/01/20	COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000
$A \left[ \frac{1}{X} \right]$	ANY AUTO		CAL 987654			BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident) \$	
X	AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$	
	70100					\$	
X	UMBRELLA LIAB OCCUR		UMB \$45678	09/01/20	09/01/20	EACH OCCURRENCE . \$	5,000,000
	EXCESS LIAB CLAIMS-MADE						5,000,000
	DED X RETENTION\$ 10,000					s	
	ORKERS COMPENSATION		WC-23456		09/01/20	X WC STATU- TORY LIMITS ER	
AN	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE			09/01/20		E.L. EACH ACCIDENT \$	1,000,000
(Ma	FICER/MEMBER EXCLUDED? andatory in NH)	10				E.L. DISEASE - EA EMPLOYEE \$	1,000,000
If y	es, describe under SCRIPTION OF OPERATIONS below	7					1,000,000
	rofessional Liability		MPL 0246810	01/10/20	01/01/20	Each Claim \$ 1	1,000,000
	•			1 '	01/01/20	Aggregate Limit \$ 3	,000,000
L.	yber Security Liability		CSL 0987612	01/01/20	01/01/20	Aggregate Limit \$10	0,000,000
Co	PTION OF OPERATIONS / LOCATIONS / VEHICL Drnell University, its trustees, sured on all liability policies (	officers,	ACORD 101, Additional Remarks directors, agents, re	presentatives an	is required) d employee	es are added as Addition	al
ERT	FICATE HOLDER			CANCELLATION			
CORNELL UNIVERSITY DEPARTMENT				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.			
395 PINE TREE ROAD STE 330							
575 I INL TREE ROLD STE 530				AUTHORIZED REPRESENTATIVE			

ACORD 25 (2010/05)

**ITHACA, NY 14850** 

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