

CERTIFICATE OF INSURANCE

Addressed to: John Carroll University
20700 North Park 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
20700 North Park Blvd
University, OH 44118

By _____

Authorized Representative

With _____

Company Name

Address

City

State

Zip