

DATE (MM/DD/YYYY) 07/13/2023

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.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsement	. A st	atement on	
	DUCER		-		CONTACT NAME:						
	MARSH USA LLC. 200 Public Square, Suite 3760				PHONE (A/C, No, Ext): (A/C, No):						
	Cleveland, OH 44114				E-MAIL ADDRESS:						
	0.4000-0		INSURER(S) AFFORDING COVERAGE					NAIC#			
-	01360767-Ohio-Prp25-22-23						xcess and Surplu	s Lines Company		29696	
INSU	Ohio University				INSURE	RB:					
	Attn: Larry Wines Grosvenor Hall 345				INSURE						
	1 Ohio University				INSURE						
	Athens, OH 45701-2979				INSURE						
<u></u>	VEDACES CED	TIFIC	` A T F	NUMBER.	INSURE	RF: -006591285-33		DEVICION NUMBER: 10			
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			E NUMBER: RANCE LISTED BELOW HAV				REVISION NUMBER: 12		ICV PERIOD	
IN C	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	 S		
	COMMERCIAL GENERAL LIABILITY	INOD	****			(111111)	(IIIIII) DO TTTTT	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								,	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Property			KTQ-CMB-4S48919-5-23		07/01/2023	07/01/2024	Limit		10,000,000	
	(Other deductibles may apply			per policy terms and conditions)				Deductible		1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Requesting entity is listed as additional insured where required by written contract entered into prior to loss. Requesting entity is named as loss payee, as required by written contract with respect to property. Licensed and supervisory staff, and students participating in university sponsored internship program and practicums, while operating within the scope of their professional and educational responsibilities, are deemed covered by insurance.											
CF	RTIFICATE HOLDER				CANC	ELLATION					
Ohio University Attn: Larry Wines Grosvenor Hall 345 1 Ohio University						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Athens, OH 45701-2979				AUTHO	RIZED REPRESE	NTATIVE				
	1				Marsh USA Inc.						



DATE (MM/DD/YYYY) 6/26/2023

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorseme	nt. Ast	tatement on	
	DUCER				CONTA NAME:	CT Jennifer W	ebber				
	hur J. Gallagher Risk Management	ices,	, LLC		o, Ext): 630-694	4-5462	FAX (A/C No.	: 630-28	S5 - 4062		
	50 Golf Rd Iling Meadows IL 60008					ss: Jennifer_'			. 000 20	1002	
110	illing Meadows IL 00000				ADDRE					NAIC#	
				INGLIDE		· · ·	DING COVERAGE il - Insurance Consortiu	m	NAIC#		
INSL	RED				INSURE		versity Count	ii - iiisaranee oonsoraa	11		
	io University				INSURE						
	osvenor Hall 345 Ohio University										
	nens OH 45701-2979				INSURER D : INSURER E :						
CO	VERAGES CER	TIFIC	:ΔTF	NUMBER: 1426645628	INSURE	KF:		REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	OF I	NSUF REME AIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	D NAMED ABOVE FOR DOCUMENT WITH RESP	ECT TO	WHICH THIS	
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			IUCIC-GL-JULY 2023-2024		7/1/2023	7/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$ 5,000	,	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 100,0	Covered	
								PERSONAL & ADV INJURY	\$ 5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5.000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	+ -, -	,	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY			IUCIC-AL-JULY 2023-2024		7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000	0,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per acciden) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
Α	WORKERS COMPENSATION			IUCIC-GL-JULY 2023-2024 (WC is	7/1/2023	7/1/2024	X PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			not Included)				E.L. EACH ACCIDENT	\$ 5,000	0,000	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	E \$ 5,000	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 5,000	0,000	
Α	ELL/Professional Liability (Claims Made)			IUC-IC-ELL JULY 2023-2024		7/1/2023	7/1/2024	Aggregate Each Occurrence		00,000 00,000	
	,								1 ,,,,,	,	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL questing entity is included as additional i								loss		
			`	•	•			·			
	ensed and supervisory staff, and student fessional and educational responsibilities							ms, while operating with	in the so	cope of their	
ρ.υ		o, a.c			(oxecp						
	DIFFCATE HOLDED				0.634	SELLATION:					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Ohio University ATTN: Larry D. Wines Gros	sven	or H	all 345	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	1 Ohiu University Athens OH 45701-2979				AUTHORIZED REPRESENTATIVE						



DATE (MM/DD/YYYY) 06/27/2023

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t							require an endorsement	. As	tatement on
	DUCER				CONTAC NAME:		,			
	MARSH USA LLC.				PHONE	PHONE FAX				
	200 Public Square, Suite 3760 Cleveland, OH 44114			E-MAIL	É-MAIL					
	,				ADDRESS: INSURER(S) AFFORDING COVERAGE					
CNI	2N404200767 Obis Mad 20 22									NAIC # 25054
INSU	01360767-Ohio-Med-22-23						cess Insurance C	ompany		25054
INSU	Ohio University				INSURE					
	Attn: Larry Wines				INSURE	RC:				
	Grosvenor Hall 345 1 Ohio University				INSURE	RD:				
	Athens, OH 45701-2979				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	E NUMBER:	CLE	-006594060-28		REVISION NUMBER: 33	2	
IN CI	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	FOR OTHER I ES DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	PRO-							PRODUCTS - COMP/OP AGG	\$	
								FRODUCTS - COMP/OF AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED								\$	
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Medical Malpractice			HCF 10213		07/01/2023	07/01/2024	Per claim		1,000,000
	Claims made basis; \$25,000 Ded							Annual aggregate		3,000,000
								7 milai aggiogato		0,000,000
Licer	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ised and supervisory staff, and students participating ned covered by insurance. Requesting entity is listed	in univ	ersity s	sponsored internship program and pr	racticums	, while operating	within the scope of	•	l respons	sibilities, are
	DTIFICATE 116: 5-5									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Ohio University Attn: Larry Wines Grosvenor Hall 345 1 Ohio University				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Athens, OH 45701-2979				AUTHO	RIZED REPRESE	ENTATIVE			
	ı				Marsh USA Inc.					



DATE (MM/DD/YYYY) 10/27/2023

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	SUBROGATION IS WAIVED, subject this certificate does not confer rights to							require an endorsement	. A st	tatement on		
_	DDUCER Lockton Companies				CONTACT NAME:							
	Three City Place Drive, Suite 900	0			PHONE FAX (A/C, No, Ext): (A/C, No):							
	St. Louis MO 63141-7081	•			(A/C, No							
	(314) 432-0500				E-MAIL ADDRE							
	()						NAIC #					
					INSURE	R A : Nationa	<u>l Union Fire</u>	e Ins Co Pitts. PA		19445		
	University Human Resources				INSURE	RB:						
133	Grosvenor Hall 345, 1 Ohio Univ	versi	ty		INSURE	RC:						
	Athens OH 45701-2979				INSURE	RD:						
					INSURE	RE:						
					INSURE	RF:						
				NUMBER: 2001982				REVISION NUMBER:		XXXXX		
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY P	DOCUMENT WITH RESPEC	OT TO	WHICH THIS								
INSR	XCLUSIONS AND CONDITIONS OF SUCH F		SIES.		BEEN F							
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY			NOT APPLICABLE				DAMAGE TO DENTED		XXXXX		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)		XXXXX		
										XXXXX		
										XXXXXX		
	GEN'L AGGREGATE LIMIT APPLIES PER:									XXXXXX		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		XXXXXX		
	OTHER:			NOT I DRIVE DI F				COMBINED SINGLE LIMIT	\$			
	AUTOMOBILE LIABILITY			NOT APPLICABLE				(Ea accident)		XXXXXX		
	ANY AUTO OWNED SCHEDULED									XXXXXX		
	AUTOS ONLY AUTOS							DDODEDT// DALLAGE		XXXXXX		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		XXXXXX		
										XXXXX		
	UMBRELLA LIAB OCCUR			NOT APPLICABLE						XXXXX		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ XX	XXXXX		
	DED RETENTION \$								\$ XX	XXXXXX		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			NOT APPLICABLE				PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$ XX	XXXXX		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$ XX	XXXXX		
	DESCRIPTION OF OPERATIONS below								\$ XX	XXXXX		
A	Crime	N	N	01-581-99-64		10/1/2023	10/1/2024	Limit: \$5,000,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (A	ACORD	101, Additional Remarks Schedul	le, may b	e attached if more	e space is require	əd)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
	20019828 FOR INFORMATION PURPOSE	ES C	NLY	7	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							



DATE (MM/DD/YYYY) 10/6/2023

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement.	A st	atement on	
PRO	DUCER Lockton Companies				CONTAI NAME:	СТ					
	Three City Place Drive, Suite 90	00			PHONE FAX (A/C, No, Ext): (A/C, No):						
	St. Louis MO 63141-7081				E-MAIL	•		(A/C, NO).			
	(314) 432-0500				ADDRE			RDING COVERAGE			
	midwestcertificates@lockton.co	m					NAIC #				
INSU	RED at					RA:Lloyds	OI LONGOL	<u>l</u>			
	Ohio University Grosvenor Hall 345				INSURE						
	1 Ohio University				INSURE						
	Athens, OH 45701				INSURE						
	,				INSURE						
<u></u>	VERAGES CER	TIEI	^ A T E	NUMBER: 1994810	INSURE	RF:		REVISION NUMBER:	vv	XXXXX	
TI IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	OF I QUIF PERT	INSUF REMEI AIN,	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD	VE BEE OF AN' ED BY	Y CONTRACT	THE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC	E POL T TO	ICY PERIOD WHICH THIS	
E)	CLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F						
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY			NOT APPLICABLE				DAMAGE TO DENITED		XXXXX	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)		XXXXX	
										XXXXX	
										XXXXX	
	GEN'L AGGREGATE LIMIT APPLIES PER:									XXXXX	
	POLICY PRO- JECT LOC									XXXXX	
	OTHER:			NOT I PRI I GI PI E				COMPINED OINIOLE LIMIT	\$		
	AUTOMOBILE LIABILITY			NOT APPLICABLE				(Ea accident)		XXXXX	
	ANY AUTO OWNED SCHEDULED									XXXXX	
	AUTOS ONLY AUTOS							DDODEDTY/DALLACE		XXXXX	
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)		XXXXX	
										XXXXX	
	UMBRELLA LIAB OCCUR			NOT APPLICABLE						XXXXX	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ XX	XXXXX	
	DED RETENTION\$								\$ XX	XXXXX	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			NOT APPLICABLE				PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ XX	XXXXX	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$ XX	XXXXX	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ XX	XXXXX	
A	Cyber Liability	N	N	MEDTE2203452		10/1/2023	10/1/2024	Limit: \$5,000,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
<u> </u>	OTIFICATE HOLDER				CANC	SELLATION					
UEI	RTIFICATE HOLDER				CANC	ELLATION					
	19948103 For Informational Purposes Only				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						
					1 20110	<	4	in O			



DATE (MM/DD/YYYY) 6/21/2023

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	SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to th	ne ter	rms and conditions of th	e polic uch end	cy, certain po dorsement(s)	olicies may	require an endorsement.	A sta	atement on		
PRO	DUCER Lockton Companies Three City Place Drive, Suite 90 St. Louis MO 63141-7081	00		r H	PHONE (A/C, No	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):						
	(314) 432-0500											
					INSURE			sualty Corporation		15105		
	Ohio University							Company, Ltd.		11000		
150	1 Ohio University				INSURE	RC:		5 5				
	Athens, OH 45701				INSURE	RD:						
					INSURE	RE:						
_					INSURE	RF:						
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 1796013		N ICCUED TO		REVISION NUMBER:		XXXXX		
IN C	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I	OOCUMENT WITH RESPECT O HEREIN IS SUBJECT TO	г то ۱	WHICH THIS		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)				ZVVVVV		
	CLAIMS-MADE OCCUR			NOT APPLICABLE				DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) \$	XX	XXXXX XXXXX XXXXX		
										XXXXX		
	GEN'L AGGREGATE LIMIT APPLIES PER:									XXXXX		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		XXXXX		
	AUTOMOBILE LIABILITY			NOT APPLICABLE				COMPINED ONIOLE LIMIT		XXXXX		
	ANY AUTO									XXXXX		
	OWNED SCHEDULED AUTOS									XXXXX		
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY									XXXXX		
	AUTOS ONET							Ti ci acolacità		XXXXX		
	UMBRELLA LIAB OCCUR			NOT APPLICABLE				EACH OCCURRENCE \$	XX	XXXXX		
	EXCESS LIAB CLAIMS-MADE									XXXXX		
	DED RETENTION\$							\$	XX	XXXXX		
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N	SP 4066730		7/1/2023	1/1/2024	X PER OTH-ER				
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		84 WE APOLMC		1/1/2023	1/1/2024	E.L. EACH ACCIDENT \$	1,00	00,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	- 6	N		
	DESCRIPTION OF OPERATIONS below			-		-		E.L. DISEASE - POLICY LIMIT \$	1,00	00,000		
						_	:					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Workers Compensation policy #SP 4066730				le, may b	e attached if more	e space is require	ed)				
1 ne	workers Compensation policy #SP 4000730	nas a	\$1,00	0,000 sen-insured retention.								
CE	RTIFICATE HOLDER				CANO	ELLATION						
<u>UL</u>	17960139 Ohio University Attn: Larry Wines				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Grosvenor Hall 324 Athens, OH 45701				AUTHO	RIZED REPRESEI	NIATIVE	- 0				
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