

LSCHEPERS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/4/2023

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.

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this certificate does not come rights to the certificate holder in fied of such chaofsement(s).						
PRODUCER License # 1000009384	CONTACT NAME:					
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533 FAX (A/C, No): (803) 77					
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Travelers Property Casualty Company of America 256					
INSURED	INSURER B: The Travelers Indemnity Company 25658					
Omatic Software, LLC	INSURER C: Hanover American Insurance 36064					
PO Box 14049	INSURER D: North American Capacity Insurance Company 25038					
Charleston, SC 29422	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

			ES. LIMITS SHOWN MAY HAVE BEEN I			•		
INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$	5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	13 / A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O		2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

75 Portside Realty, LLC c/o Holder Properties 3300 CUMBERLAND BLVD. SUITE 200 Atlanta, GA 30339 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

11/2





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tine continuate account contains righte to the continuate helder in hea or ca	on ondoroomon(o).				
PRODUCER License # 1000009384	CONTACT NAME:				
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	71-7991			
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Travelers Property Casualty Company of America 25				
INSURED	INSURER B: The Travelers Indemnity Company 25658				
Omatic Software, LLC	INSURER C: Hanover American Insurance	36064			
PO Box 14049	INSURER D: North American Capacity Insurance Company				
Charleston, SC 29422	INSURER E:				
	INSURER F:				

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INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INSD WV	VD	(MINI/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Avidbank and its successors or assigns 400 Emerson Street Palo Alto, CA 94301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Talo Alto, OA 34301	AUTHORIZED REPRESENTATIVE
	John Bry





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this definition does not define rights to the definition following in health chaorsement(s).						
PRODUCER License # 1000009384	CONTACT NAME:					
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	71-7991				
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A : Travelers Property Casualty Company of America					
INSURED	INSURER B: The Travelers Indemnity Company 25658					
Omatic Software, LLC	INSURER C: Hanover American Insurance 36					
PO Box 14049	INSURER D: North American Capacity Insurance	25038				
Charleston, SC 29422	INSURER E:					
	INSURER F:					

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A	X COMMERCIAL GENERAL LIABILITY	INSD WV	VD	(MINI/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
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Benedictine College Business Office 1020 N. 2nd Atchison, KS 66002	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
	Allu-En-

CANCELLATION

ACORD 25 (2016/03)

CERTIFICATE HOLDER

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lub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533 FAX (A/C, No): (803) 771-7991					
330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Travelers Property Casualty Company of America 2					
NSURED	INSURER B: The Travelers Indemnity Company	25658				
Omatic Software, LLC	INSURER C: Hanover American Insurance					
75 Port City Landing, Suite 310	INSURER D: North American Capacity Insurance Company 25038					
Mount Pleasant, SC 29464	INSURER E :					
	INSURER F:					

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	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
That the State of California, the Board of Trustees of the California State University, the California State University San Marcos Corporation, the California
State University San Marcos Foundation, the Associated Students, Inc., and California State University San Marcos, and the employees, volunteers, officers,
representatives, and agents of each of them, are included as Additional Insured with respect to the General Liability per form # CG D4 17 02 19 but only
insofar as the operations under this contract are concerned. The General Liability insurance shall be primary and noncontributory when required by written
contract per form # CG D4 17 02 19.

CERTIFICATE HOLDER	CANCELLATION

California State University San Marcos Procurement & Support Services 333 S. Twin Oaks Valley Road San Marcos, CA 92096 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

Allen Bra

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

XTEND ENDORSEMENT FOR TECHNOLOGY

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART

GENERAL DESCRIPTION OF COVERAGE - This endorsement broadens coverage. However, coverage for any injury, damage or medical expenses described in any of the provisions of this endorsement may be excluded or limited by another endorsement to this Coverage Part, and these coverage broadening provisions do not apply to the extent that coverage is excluded or limited by such an endorsement. The following listing is a general coverage description only. Read all the provisions of this endorsement and the rest of your policy carefully to determine rights, duties, and what is and is not covered.

- A. Non-Owned Watercraft 75 Feet Long Or Less
- **B.** Who Is An Insured Unnamed Subsidiaries
- C. Who Is An Insured Employees -Supervisory Positions
- D. Who Is An Insured Newly Acquired Or Formed Limited Liability Companies
- E. Who Is An Insured Liability For Conduct Of Unnamed Partnerships Or Joint Ventures
- F. Blanket Additional Insured Persons Or Organizations For Your Ongoing Operations As Required By Written Contract Or Agreement
- G. Blanket Additional Insured Broad Form Vendors

PROVISIONS

- A. NON-OWNED WATERCRAFT 75 FEET LONG OR LESS
 - The following replaces Paragraph (2) of Exclusion g., Aircraft, Auto Or Watercraft, in Paragraph 2. of SECTION I COVERAGES COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY:
 - (2) A watercraft you do not own that is:
 - (a) 75 feet long or less; and
 - (b) Not being used to carry any person or property for a charge;
 - 2. The following replaces Paragraph 2.e. of SECTION II WHO IS AN INSURED:
 - **e.** Any person or organization that, with your express or implied

- H. Blanket Additional Insured Controlling Interest
- I. Blanket Additional Insured Mortgagees, Assignees, Successors Or Receivers
- **J.** Blanket Additional Insured Governmental Entities Permits Or Authorizations Relating To Premises
- K. Blanket Additional Insured Governmental Entities - Permits Or Authorizations Relating To Operations
- L. Medical Payments Increased Limit
- M. Blanket Waiver Of Subrogation
- N. Contractual Liability Railroads
- 0. Damage To Premises Rented To You

consent, either uses or is responsible for the use of a watercraft that you do not own that is:

- (1) 75 feet long or less; and
- (2) Not being used to carry any person or property for a charge.
- B. WHO IS AN INSURED UNNAMED SUBSIDIARIES

The following is added to **SECTION II - WHO IS AN INSURED:**

Any of your subsidiaries, other than a partnership or joint venture, that is not shown as a Named Insured in the Declarations is a Named Insured if:

a. You are the sole owner of, or maintain an ownership interest of more than 50% in, such subsidiary on the first day of the policy period; and **b.** Such subsidiary is not an insured under similar other insurance.

No such subsidiary is an insured for "bodily injury" or "property damage" that occurred, or "personal and advertising injury" caused by offense committed:

- Before you maintained an ownership interest of more than 50% in such subsidiary; or
- **b.** After the date, if any, during the policy period that you no longer maintain an ownership interest of more than 50% in such subsidiary.

purposes of Paragraph Section II - Who Is An Insured, each such subsidiary will be deemed to be designated in the Declarations as:

- a. A limited liability company;
- organization other partnership, joint venture or limited liability company; or
- c. A trust;

as indicated in its name or the documents that govern its structure.

C. WHO IS AN INSURED — EMPLOYEES SUPERVISORY POSITIONS

The following is added to Paragraph 2.a.(1) of SECTION II - WHO IS AN INSURED:

Paragraphs (1)(a), (b) and (c) above do not apply to "bodily injury" to a co-"employee" while in the course of the co-"employee's" employment by you arising out of work by any of your "employees" who hold a supervisory position.

D. WHO IS AN INSURED - NEWLY ACQUIRED OR FORMED LIMITED LIABILITY COMPANIES

The following replaces Paragraph 3. of SECTION II - WHO IS AN INSURED:

- 3. Any organization you newly acquire or form, other than a partnership or joint venture, and of which you are the sole owner or in which you maintain an ownership interest of more than 50%, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
 - Coverage under this provision is afforded only:
 - (1) Until the 180th day after you acquire or form the organization or the end of

the policy period, whichever is earlier, if you do not report such organization in writing to us within 180 days after you acquire or form it; or

- (2) Until the end of the policy period, when that date is later than 180 days after you acquire or form such organization, if you report such organization in writing to us within 180 days after you acquire or form it;
- **b.** Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
- c. Coverage B does not apply to personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

For the purposes of Paragraph 1. of Section II - Who Is An Insured, each such organization will be deemed to be designated in the Declarations as:

- a. A limited liability company;
- organization, other than partnership, joint venture or limited liability company; or
- c. A trust:

as indicated in its name or the documents that govern its structure.

AN INSURED LIABILITY FOR WHO CONDUCT OF UNNAMED PARTNERSHIPS OR JOINT VENTURES

The following replaces the last paragraph of **SECTION II - WHO IS AN INSURED**:

No person or organization is an insured with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations. This paragraph does not apply to any such partnership or joint venture that otherwise qualifies as an insured under Section II - Who Is An Insured.

BLANKET ADDITIONAL INSURED -PERSONS OR ORGANIZATIONS FOR YOUR ONGOING REQUIRED OPERATIONS AS BY WRITTEN CONTRACT OR AGREEMENT

The following is added to **SECTION II -**WHO IS AN INSURED:

Any person or organization that is not otherwise an insured under this Coverage Part and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury" or "property damage" that:

- Occurs subsequent to the signing of that contract or agreement; and
- **b.** Is caused, in whole or in part, by your acts or omissions in the performance of your ongoing operations to which that contract or agreement applies or the acts or omissions of any person or organization performing such operations on your behalf.

The limits of insurance provided to such insured will be the minimum limits that you agreed to provide in the written contract or agreement, or the limits shown in the Declarations, whichever are less.

G. BLANKET ADDITIONAL INSURED — BROAD FORM VENDORS

The following is added to **SECTION II - WHO IS AN INSURED**:

Any person or organization that is a vendor and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury" or "property damage" that:

- **a.** Occurs subsequent to the signing of that contract or agreement; and
- **b.** Arises out of "your products" that are distributed or sold in the regular course of such vendor's business.

The insurance provided to such vendor is subject to the following provisions:

- a. The limits of insurance provided to such vendor will be the minimum limits that you agreed to provide in the written contract or agreement, or the limits shown in the Declarations, whichever are less.
- **b.** The insurance provided to such vendor does not apply to:
 - (1) Any express warranty not authorized by you or any distribution or sale for a purpose not authorized by you;
 - (2) Any change in "your products" made by such vendor;
 - (3) Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the

manufacturer, and then repackaged in the original container;

- (4) Any failure to make such inspections, adjustments, tests or servicing as vendors agree to perform or normally undertake to perform in the regular course of business, in connection with the distribution or sale of "your products";
- (5) Demonstration, installation, servicing or repair operations, except such operations performed at such vendor's premises in connection with the sale of "your products"; or
- (6) "Your products" that, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or on behalf of such vendor.

Coverage under this provision does not apply to:

- a. Any person or organization from whom you have acquired "your products", or any ingredient, part or container entering into, accompanying or containing such products; or
- **b.** Any vendor for which coverage as an additional insured specifically is scheduled by endorsement.

H. BLANKET ADDITIONAL INSURED - CONTROLLING INTEREST

 The following is added to SECTION II – WHO IS AN INSURED:

Any person or organization that has financial control of you is an insured with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" that arises out of:

- a. Such financial control; or
- **b.** Such person's or organization's ownership, maintenance or use of premises leased to or occupied by you.

The insurance provided to such person or organization does not apply to structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

2. The following is added to Paragraph 4. of SECTION II – WHO IS AN INSURED:

This paragraph does not apply to any premises owner, manager or lessor that has financial control of you.

INSURED BLANKET ADDITIONAL MORTGAGEES, ASSIGNEES, SUCCESSORS OR **RECEIVERS**

The following is added to SECTION II -WHO IS AN INSURED:

Any person or organization that is a mortgagee, assignee, successor receiver and that you have agreed in a written contract or agreement include as an additional insured on this Coverage Part is an insured, but only with respect to its liability mortgagee, assignee, successor receiver for "bodily injury", "property damage" or "personal and advertising injury" that:

- a. Is "bodily injury" or "property that occurs, damage" or is "personal and advertising injury" caused by an offense that is committed, subsequent to the signing of that contract or agreement; and
- out of the ownership, **b.** Arises maintenance or use of the premises for which that mortgagee, assignee, successor or receiver is required under that contract or agreement to be included as an additional insured on this Coverage Part.

The insurance provided to such assignee, successor or mortgagee, receiver is subject to the following provisions:

- The limits of insurance provided to such mortgagee, assignee, successor or receiver will be the minimum limits that you agreed to provide in the written contract or agreement, the limits shown in the Declarations, whichever are less.
- **b.** The insurance provided to such person or organization does not apply to:
 - (1) Any "bodily injury" or "property damage" that occurs, or any "personal and advertising injury" caused by an offense that is committed, after such contract or agreement is no longer in effect; or
 - (2) Any "bodily injury", "property damage" or "personal and advertising injury" arising out of any structural alterations, new construction or demolition operations performed by or on behalf of such mortgagee, assignee, successor or receiver.

J. Blanket additional insured — governmental ENTITIES - PERMITS OR AUTHORIZATIONS **RELATING TO PREMISES**

The following is added to SECTION II -WHO IS AN INSURED:

Any governmental entity that has issued a permit or authorization with respect to premises owned or occupied by, or rented or loaned to, you and that you are required by any ordinance, law, building code or written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" arising out of the existence, ownership, use, maintenance, repair, construction, erection or removal of any of the following for which that governmental entity has issued such permit or authorization: advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, elevators, street banners or decorations.

ADDITIONAL INSURED K. BLANKET **GOVERNMENTAL ENTITIES** PERMITS OR **AUTHORIZATIONS RELATING TO OPERATIONS**

The following is added to SECTION II -WHO IS AN INSURED:

Any governmental entity that has issued a permit or authorization with respect to operations performed by you or on your behalf and that you are required by any ordinance, law, building code or written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" arising out of such operations.

provided insurance such to governmental entity does not apply to:

- **a.** Any "bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the governmental entity; or
- "bodily injury" or "property damage" included in the "productscompleted operations hazard".

L. MEDICAL PAYMENTS - INCREASED LIMIT

The following replaces Paragraph 7. of SECTION III – LIMITS OF INSURANCE:

7. Subject to Paragraph 5. above, the Medical Expense Limit is the most we will pay under Coverage **C** for all medical expenses because of "bodily injury" sustained by any one person, and will be the higher of:

- **a.** \$10,000; or
- **b.** The amount shown in the Declarations of this Coverage Part for Medical Expense Limit.

M. BLANKET WAIVER OF SUBROGATION

The following is added to Paragraph 8., Transfer Of Rights Of Recovery Against Others To Us, of SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS:

If the insured has agreed in a contract or agreement to waive that insured's right of recovery against any person or organization, we waive our right of recovery against such person or organization, but only for payments we make because of:

- **a.** "Bodily injury" or "property damage" that occurs; or
- **b.** "Personal and advertising injury" caused by an offense that is committed;

subsequent to the execution of the contract or agreement.

N. CONTRACTUAL LIABILITY - RAILROADS

- The following replaces Paragraph c. of the definition of "insured contract" in the DEFINITIONS Section:
 - c. Any easement or license agreement;
- 2. Paragraph f.(1) of the definition of "insured contract" in the **DEFINITIONS** Section is deleted.

O. DAMAGE TO PREMISES RENTED TO YOU

The following replaces the definition of "premises damage" in the **DEFINITIONS** Section:

"Premises damage" means "property damage" to:

- **a.** Any premises while rented to you or temporarily occupied by you with permission of the owner; or
- **b.** The contents of any premises while such premises is rented to you, if you rent such premises for a period of seven or fewer consecutive days.





LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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PRODUCER License # 1000009384	CONTACT NAME:						
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533 FAX (A/C, No): (803) 771-						
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Travelers Property Casualty Compa	25674					
INSURED	INSURER B: The Travelers Indemnity Company 25658						
Omatic Software, LLC	INSURER C: Hanover American Insurance	36064					
PO Box 14049	INSURER D : North American Capacity Insurance Company						
Charleston, SC 29422	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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			ES. LIMITS SHOWN MAY HAVE BEEN I			•		
INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$	5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	13 / A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O		2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

California State University San Marcos Procurement & Support Services 333 S. Twin Oaks Valley Road San Marcos, CA 92096 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

Allen Bran





LSCHEPERS

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PRODUCER License # 1000009384	CONTACT NAME:					
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	71-7991				
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Travelers Property Casualty Compar	ny of America	25674			
INSURED	INSURER B: The Travelers Indemnity Company 25658					
Omatic Software, LLC	INSURER C: Hanover American Insurance	36064				
PO Box 14049	INSURER D: North American Capacity Insurance	ce Company	25038			
Charleston, SC 29422	INSURER E:					
	INSURER F:					

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INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$	5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	13 / A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O		2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

Children's Health System of Texas 1935 Medical District Dallas, TX 75235 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

Jehn





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DATE (MM/DD/YYYY) 12/4/2023

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1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:					
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	INSURER A: Travelers Property Casualty Compar	ny of America	25674			
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PO Box 14049	INSURER D: North American Capacity Insurance	ce Company	25038			
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	ואסט	WVD		(WIW/DD/TTTT)	(MIN/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х	X	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
		_					MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MA	DE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,0	00					Aggregate	\$	5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	_		WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Errors & Omissions/P			C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O		2,000,000
D	Errors & Omissions/P			C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

Environmental Health & Safety Risk Management 300 College Park Dayton, OH 45469-2905 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

Allen Bra





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1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Travelers Property Casualty Company of America 25				
INSURED	INSURER B: The Travelers Indemnity Company	25658			
Omatic Software, LLC	INSURER C: Hanover American Insurance				
75 Port City Landing, Suite 310	INSURER D : North American Capacity Insurance Company				
Mount Pleasant, SC 29464	INSURER E:				
	INSURER F:				

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INSR	TYPE OF INSURANCE	ADDL SUB	R	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INCOD VVVI		(MINIOD) 1111)	(MINUDD) 11111	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
For Information 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	Jellen Bru





LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

tino dei tinodie doco not donier rigino to the dei tinodie noider in ned or da	on chacheman,				
PRODUCER License # 1000009384	CONTACT NAME:				
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	71-7991			
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE		NAIC #		
	INSURER A: Travelers Property Casualty Compa	25674			
INSURED	INSURER B: The Travelers Indemnity Company 25658				
Omatic Software, LLC	INSURER C: Hanover American Insurance	36064			
PO Box 14049	INSURER D: North American Capacity Insurance	e Company	25038		
Charleston, SC 29422	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INSD WV	VD	(MINI/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
From Off, LLC 3200 North Carolina Ave. North Charleston, SC 29405	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
North Charleston, CC 20100	AUTHORIZED REPRESENTATIVE
	Skulan

CANCELLATION

CEDTIEICATE HOLDED





LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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tine continuate account contains righte to the continuate helder in hea or ca	on ondoroomon(o).					
PRODUCER License # 1000009384	CONTACT NAME:					
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	71-7991				
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Travelers Property Casualty Compar	ny of America	25674			
INSURED	INSURER B: The Travelers Indemnity Company 25658					
Omatic Software, LLC	INSURER C: Hanover American Insurance	36064				
PO Box 14049	INSURER D : North American Capacity Insurance Company					
Charleston, SC 29422	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR	TYPE OF INSURANCE	ADDL SUB	R	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INCOD VVVI		(MINIOD) 1111)	(MINUDD) 11111	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

Loyola University New Orleans 6363 St. Charles Avenue New Orleans, LA 70118 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

Allu Br





LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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PRODUCER License # 1000009384	CONTACT NAME:					
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	AX (803) 7	71-7991			
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Travelers Property Casualty Company	y of America	25674			
INSURED	INSURER B : The Travelers Indemnity Company 2565					
Omatic Software, LLC	INSURER C: Hanover American Insurance	36064				
PO Box 14049	INSURER D : North American Capacity Insurance	e Company	25038			
Charleston, SC 29422	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	DOIONO AND CONDITIONS OF SOCIT								
	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Х	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000							\$	5,000,000
WOF	EMPLOYERS' LIARILITY						X PER OTH-ER		
ANY	PROPRIETOR/PARTNER/EXECUTIVE 7/N	N / A		WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Erre	ors & Omissions/P			C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O		2,000,000
Erre	ors & Omissions/P			C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate		2,000,000
	X AUT X X X WOOF AND ANY OFF (Man If yee DES Error	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) IT AND AND AND AUTOS ONLY Y N/A (Mandatory in NH) IT AND AND AND AUTOS ONLY N/A ETENTION S below ETTORS & Omissions/P	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below Errors & Omissions/P	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yee, describe under DESCRIPTION OF OPERATIONS below Errors & Omissions/P C-4LQ2-221808-CYBER-2023	TYPE OF INSURANCE TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X HIRED CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR-PARTNER/EXECUTIVE Y N/A ANY PROPRIETOR-PARTNER/EXECUTIVE Y IY Ses, describe under DESCRIPTION OF OPERATIONS below Errors & Omissions/P Errors & Omissions/P ADDL SUBBR (Mandatory in NH) Ity ses, describe under DESCRIPTION OF OPERATIONS below C-4LQ2-221808-CYBER-2023 7/22/2023	TYPE OF INSURANCE INSD WVD POLICY NUMBER CLAIMS-MADE X OCCUR SEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PEOT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? If yes, describe under ESCRIPTION OF OPERATIONS below ETTO'S & Omissions/P C-4LQ2-221808-CYBER-2023 7/22/2023 7/22/2024	TYPE OF INSURANCE ADDL SUBR NOT NUMBER (MM/DDYYYY) (MM/DYYYY) (MM/DDYYYY) (MM/DDYYYY) (MM/DDYYYY) (MM/DDYYYY) (MM/DYYYY) (GENERAL AGGREGATE (PREMISES (EaCHOCCURENCE (CMBINED SINGLE LIMIT (EACH OCCURENCE (AGGREGATE (AGG	TYPE OF INSURANCE ADDL SUPR (MM/DDYYYY) X COMMERCIAL GENERAL LIABILITY LOC CAIMS-MADE X OCCUR T/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2023 7/22/2024 7/22/2024 7/22/2023 7/22/2024 7/22/202

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

Mohawk College Foundation 135 Fennell Ave W Hamilton, ON L9C 0E5 CANADA 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

Allen Bra





LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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tine continuate account contains righte to the continuate helder in hea or ca	on ondoroomon(o).					
PRODUCER License # 1000009384	CONTACT NAME:					
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	71-7991				
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Travelers Property Casualty Compar	ny of America	25674			
INSURED	INSURER B: The Travelers Indemnity Company 25658					
Omatic Software, LLC	INSURER C: Hanover American Insurance	36064				
PO Box 14049	INSURER D : North American Capacity Insurance Company					
Charleston, SC 29422	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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			ES. LIMITS SHOWN MAY HAVE BEEN I			•		
INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$	5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	13 / A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O		2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
New Jersey Institute of Technology Foundation University Heights Newark. NJ 07102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Howard, Ho or roz	AUTHORIZED REPRESENTATIVE
	ShuBu

CANCELLATION

CEDTIEICATE HOLDED





LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

tine continuate account contains righte to the continuate helder in hea or ca	on ondoroomon(o).				
PRODUCER License # 1000009384	CONTACT NAME:				
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	71-7991			
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE		NAIC #		
	INSURER A: Travelers Property Casualty Compar	ny of America	25674		
INSURED	INSURER B: The Travelers Indemnity Company 25658				
Omatic Software, LLC	INSURER C: Hanover American Insurance	36064			
PO Box 14049	INSURER D: North American Capacity Insurance	25038			
Charleston, SC 29422	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

			ES. LIMITS SHOWN MAY HAVE BEEN I			•		
INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$	5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	13 / A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O		2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR Saginaw Valley State University 7400 Bay Road University Center MI 48710	THE	
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AUTHORIZED REPRESENTATIVE

CANCELLATION

ACORD 25 (2016/03)

CERTIFICATE HOLDER





LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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	toute upon not come: rigino to une continuate metaer in mea er					
PRODUCER Li	icense # 1000009384	CONTACT NAME:				
lub International Carolinas		PHONE (A/C, No, Ext): (803) 799-5533 FAX (A/C, No): (803) 771-7991				
330 Lady S Columbia, S	C 29201	E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: Travelers Property Casualty Company of America	25674			
NSURED		INSURER B: The Travelers Indemnity Company 25658				
	Omatic Software, LLC / Big Tree Capital Partners, LLC	INSURER C: Hanover American Insurance	36064			
	PO Box 14049	INSURER D : North American Capacity Insurance Company 25				
	Charleston, SC 29422	INSURER E:				
		INSURER F:				

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		JSIONS AND CONDITIONS OF SUCH								
INSI	3	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х		ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AU ⁻	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE	X		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000						Aggregate	\$	5,000,000
С	WOI	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mai	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Err	ors & Omissions/P			C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O		2,000,000
D	Err	ors & Omissions/P			C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

Saratoga Investment Corp. SBIC LP, as Administrative Agent, I.S.A.O.A., A.T.I.M.A 535 Madison Avenue, 4th Floor New York, NY 10022

ACORD 25 (2016/03)

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





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PRODUCER License # 1000009384	CONTACT NAME:				
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	71-7991			
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE		NAIC #		
	INSURER A: Travelers Property Casualty Compar	ny of America	25674		
INSURED	INSURER B: The Travelers Indemnity Company 25658				
Omatic Software, LLC	INSURER C: Hanover American Insurance	36064			
PO Box 14049	INSURER D: North American Capacity Insurance	25038			
Charleston, SC 29422	INSURER E:				
	INSURER F:				

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			ES. LIMITS SHOWN MAY HAVE BEEN I			•		
INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$	5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	13 / A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O		2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

Schools of the Sacred Heart – San Francisco, its Trustees, Officers and Employees 2222 Broadway St San Francisco, CA 94115

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

Allen Bra





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	INSURER A: Travelers Property Casualty Compar	ny of America	25674		
INSURED	INSURER B: The Travelers Indemnity Company 25658				
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INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INSD WV	VD	(MINI/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

Shriners Hospitals for Children International Headquarters 2900 N. Rocky Point Drive Tampa, FL 33607 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

Allen Bran





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	is certificate does not confer rights t							require an endors	sement. A	statement on
	DUCER License # 1000009384				CONTA NAME:					
Huk	International Carolinas					o, Ext): (803) 7	99-5533	FA	X /C, No):(803)	771-7991
	0 Lady Street umbia, SC 29201				E-MAIL ADDRE	0, Ext): (000) 1	00 0000	(A/	C, NO): (000)	,,,,,,,,,,,
001	anisia, 00 23201				ADDRE		UDED(C) AFFO	RDING COVERAGE		NAIC #
					INCLIDE		•	Casualty Company	of America	
INISI	JRED				INSURE		o i roporty c	dodding Company	OI AIIIOIIO	25074
					INSURE					
	Omatic Software, LLC 75 Port City Landing, Suite	310			INSURE					
	Mount Pleasant, SC 29464				INSURE					
					INSURE					
CO	VERAGES CEF	TIFI	САТІ	E NUMBER:	INCORE			REVISION NUMB	FR.	
T IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	ES O REQU PER	F INS IREM RTAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER	RED NAMED ABOVE R DOCUMENT WITH BED HEREIN IS SUB	FOR THE PORTE	O WHICH THIS
INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN	POLICY EFF	PAID CLAIMS POLICY EXP			
LTR A	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	1,000,000
^	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			ZLP-51M65023-22-I5		7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrent)	nce) \$	300,000
								MED EXP (Any one pers		10,000
								PERSONAL & ADV INJU	URY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	E \$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OR	P AGG \$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)	MIT \$	
	ANY AUTO							BODILY INJURY (Per pe	erson) \$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per ad	ccident) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			CUP-7K641417-23-I5		7/22/2023	7/22/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000)						Aggregate	\$	5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMF	PLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	/ LIMIT \$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC tralia is a covered territory under the Fo	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)		
Aus	traila is a covered territory under the r	Ji eig	II LIAI	bility Section of the Genera	ıı Liabii	ity Folicy				
CE	RTIFICATE HOLDER				CANO	ELLATION				
	St Vincent's Health Australi Melbourne AUSTRALIA	a			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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and comments accessed in a significant and access and a	··· ··································			
PRODUCER License # 1000009384	CONTACT NAME:			
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	AX (803) 7	71-7991	
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: Travelers Property Casualty Company	y of America	25674	
INSURED	INSURER B: The Travelers Indemnity Compan	y	25658	
Omatic Software, LLC	INSURER C: Hanover American Insurance		36064	
PO Box 14049	INSURER D: North American Capacity Insurance Company			
Charleston, SC 29422	INSURER E:			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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			ES. LIMITS SHOWN MAY HAVE BEEN I			•		
INSR LTR	TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$	5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	13 / A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O		2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

The Regents of the University of California c/o Insurance Tracking Services, Inc. (ITS) P.O. Box 20270 Long Beach, CA 90801

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

Adu Br.





LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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PRODUCER License # 1000009384	CONTACT NAME:		
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	FAX (A/C, No): (803) 7	71-7991
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Property Casualty Compa	ny of America	25674
INSURED	INSURER B: The Travelers Indemnity Compa	ny	25658
Omatic Software, LLC	INSURER C: Hanover American Insurance		36064
PO Box 14049	INSURER D: North American Capacity Insurance	e Company	25038
Charleston, SC 29422	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR	TYPE OF INSURANCE	ADDL SUB	R	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INCOD VVVI		(MINIOD) 1111)	(MINUDD) 11111	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Thomas Jefferson Foundation, Inc. PO Box 336 Charlottesville, VA 22902-0316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Official forces ville, VA 22302-0310	AUTHORIZED REPRESENTATIVE
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this certificate does not comer rights to the certificate holder in fied of su	ch chaorsement(s).				
PRODUCER License # 1000009384	CONTACT NAME:				
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533 FAX (A/C, No): (803)	771-7991			
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Travelers Property Casualty Company of America	25674			
INSURED	INSURER B: The Travelers Indemnity Company	25658			
Omatic Software, LLC	INSURER C: Hanover American Insurance	36064			
PO Box 14049	INSURER D: North American Capacity Insurance Company	25038			
Charleston, SC 29422	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INSD WV	VD	(MINI/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

TMC Healthcare Attn: Emily Brown Office of General Counsel 5301 E. Grant Road Tucson, AZ 85712 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

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LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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PRODUCER License # 1000009384	CONTACT NAME:		
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	71-7991	
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Property Casualty Compar	ny of America	25674
INSURED	INSURER B: The Travelers Indemnity Compai	ny	25658
Omatic Software, LLC	INSURER C: Hanover American Insurance		36064
PO Box 14049	INSURER D: North American Capacity Insurance	ce Company	25038
Charleston, SC 29422	INSURER E:		
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INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INSD WV	VD	(MINI/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
OLIVIII IOATE HOLDEN	OANOLLLATION

University of Miami Risk Management P.O. Box 248106 Coral Gables, FL 33124-2945 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

Allen Bran





LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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and comments accessed in a significant and access and a	··· ··································		
PRODUCER License # 1000009384	CONTACT NAME:		
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1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Property Casualty Company	y of America	25674
INSURED	INSURER B: The Travelers Indemnity Compan	y	25658
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PO Box 14049	INSURER D : North American Capacity Insurance	e Company	25038
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INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INSD WV	VD	(MINI/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
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D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

University of Northwestern – St. Paul Risk Management 3003 Snelling Avenue N Saint Paul, MN 55113 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

Allen Bran





LSCHEPERS

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PRODUCER License # 1000009384	CONTACT NAME:			
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533	FAX (A/C, No): (803) 7	71-7991	
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: Travelers Property Casualty Company of Americ			
INSURED	INSURER B: The Travelers Indemnity Compai	ny	25658	
Omatic Software, LLC	INSURER C: Hanover American Insurance		36064	
PO Box 14049	INSURER D: North American Capacity Insurance	25038		
Charleston, SC 29422	INSURER E:			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL SUB	R	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INCOD VVVI		(MINIOD) 1111)	(MINUDD) 11111	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

University of Rochester 44 Celebration Drive Suite 2.220 Rochester, NY 14627

ACORD 25 (2016/03)

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

(Letter





LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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.

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PRODUCER License # 1000009384	CONTACT NAME:					
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533 FAX (A/C, No): (803) 771-7991					
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Travelers Property Casualty Compa	ny of America	25674			
INSURED	INSURER B: The Travelers Indemnity Compa	ny	25658			
Omatic Software, LLC	INSURER C: Hanover American Insurance		36064			
PO Box 14049	INSURER D: North American Capacity Insurance	25038				
Charleston, SC 29422	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INSD WV	VD	(MINI/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Wellstar Health System 793 Sawyer Road Marietta, GA 30062	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
maricita, OA 30002	AUTHORIZED REPRESENTATIVE
1	JehnBon





LSCHEPERS

DATE (MM/DD/YYYY) 12/4/2023

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PRODUCER License # 1000009384	CONTACT NAME:					
Hub International Carolinas	PHONE (A/C, No, Ext): (803) 799-5533 FAX (A/C, No): (803) 771-7991					
1330 Lady Street Columbia, SC 29201	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE		NAIC #			
	INSURER A: Travelers Property Casualty Compa	ny of America	25674			
INSURED	INSURER B: The Travelers Indemnity Compa	ny	25658			
Omatic Software, LLC	INSURER C: Hanover American Insurance		36064			
PO Box 14049	INSURER D: North American Capacity Insurance	25038				
Charleston, SC 29422	INSURER E:					
	INSURER F:					

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INSR	TYPE OF INSURANCE	ADDL SUB	R	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	INCOD WWW.		(MINIOD) 1111)	(MINUDD) 11111	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		ZLP-51M65023-22-I5	7/22/2023	7/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		BA-2N483887-23-I5-G	7/22/2023	7/22/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE		CUP-7K641417-23-I5	7/22/2023	7/22/2024	AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000					Aggregate	\$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WZ6-H866418-01	1/1/2023	1/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Technology E&O	2,000,000
D	Errors & Omissions/P		C-4LQ2-221808-CYBER-2023	7/22/2023	7/22/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION

Zoological Society of San Diego dba San Diego Zoo Global ATTN: Risk Management PO Box 120551 San Diego, CA 92112 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

11/2