

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/29/2019

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).

00//504.050	OFFICIOATE MUMBER W12642226	DEVICION NUMBER				
		INSURER F:				
Columbus, OH 43210		INSURER E: Underwriters Lloyds Insurance Compan	37559			
2nd Floor		INSURER D: Allianz Global Risks US Insurance Company				
1961 Tuttle Park Place		INSURER C: Greenwich Insurance Company		22322		
INSURED The Ohio State University		INSURER B: Beazley Insurance Company Inc	37540			
		INSURER A: Illinois National Insurance Company	7	23817		
Nashville, TN 372305191 USA		INSURER(S) AFFORDING COVERAGE		NAIC#		
P.O. Box 305191		ADDRESS: Cercificaces@wiffip.com				
· · · · · · · · · · · · · · · · · · ·		E-MAIL ADDRESS: certificates@willis.com				
c/o 26 Century Blvd		PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No	o): 1-888-	1-888-467-2378		
PRODUCER Willis Towers Watson Midwest, I	na	NAME:				
PROPUSER		CONTACT				

COVERAGES CERTIFICATE NUMBER: W13643326 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.

	(CLUSIONS AND CONDITIONS OF SUCH							
INSR LTR	INSR LTR TYPE OF INSURANCE		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	\$
	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 T / N	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11,7,4					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Cyber Liability			01-140-93-77	02/01/2019	02/01/2020	Limit:	\$10,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (CORD	101, Additional Remarks Schedule	e, may be attached if more	e space is require	ed)	
SEE	ATTACHED							
CEI	RTIFICATE HOLDER				CANCELLATION			

CERTIFICATE HOLDER	CANCELLATION
	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
PROOF OF INSURANCE	gol unda

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ADDITIONAL REMARKS SCHEDULE

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NAIC#: 37540

AGENCY Willis Towers Watson Midwest, Inc.	NAMED INSURED The Ohio State University 1961 Tuttle Park Place		
POLICY NUMBER	2nd Floor		
See Page 1	Columbus, OH 43210		
CARRIER	NAIC CODE		
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ____25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Beazley Insurance Company Inc

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT: Excess Cyber Liability Limit: \$10M xs \$10M

INSURER AFFORDING COVERAGE: Greenwich Insurance Company NAIC#: 22322

EXP DATE: 02/01/2020

LIMIT DESCRIPTION: TYPE OF INSURANCE: LIMIT AMOUNT: Excess Cyber Liability Limit: \$10M xs of \$20M

INSURER AFFORDING COVERAGE: Allianz Global Risks US Insurance Company NAIC#: 35300

TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT: Excess Cyber Liability Limit: \$10M xs of \$30M

INSURER AFFORDING COVERAGE: Underwriters Lloyds Insurance Company NAIC#: 37559

LIMIT DESCRIPTION: TYPE OF INSURANCE: LIMIT AMOUNT: Excess Cyber Liability Limit: \$10M xs \$40M

CERT: W13643326