

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 05/02/2023

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 p certificate does not confer rights to the certificate holder in lieu of such e	
PRODUCER AON Risk Services Northeast, Inc. Columbus OH Office 8940 Lyra Drive Suite 250	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:
Columbus OH 43240 USA	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED	INSURER A: United Educators Ins, a Reciprocal RRG 10020
The Ohio State University Office of Risk Management	INSURER B:
15 East 15th Avenue, Third Floor	INSURER C:
Columbus OH 43201 USA	INSURER D:
	INSURER E:
	INSURER F:
COVERAGES CERTIFICATE NUMBER: 57009928891	6 REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAV INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.
INSR TYPE OF INSURANCE ADDLUSUBR POLICY NUMBER	POLICY EFF POLICY EXP

	CLU	ISIONS AND CONDITIONS OF SUCH						Lillius silowii are as requested
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	Х	COMMERCIAL GENERAL LIABILITY			C0442W	05/01/2023	05/01/2024	EACH OCCURRENCE \$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
								MED EXP (Any one person)
								PERSONAL & ADV INJURY
	GE	N'LAGGREGATE LIMIT APPLIES PER:						GENERALAGGREGATE \$3,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG
		OTHER:						
	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
		ANYAUTO						BODILY INJURY (Per person)
		OWNED SCHEDULED						BODILY INJURY (Per accident)
		AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS ONLY						PROPERTY DAMAGE (Per accident)
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE
		EXCESS LIAB CLAIMS-MADE						AGGREGATE
		DED RETENTION						
		ORKERS COMPENSATION AND IPLOYERS' LIABILITY						PER STATUTE OTH- ER
	AN	Y PROPRIETOR / PARTNER / EXECUTIVE						E.L. EACH ACCIDENT
	(M	FICER/MEMBER EXCLUDED? andatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE
	If y	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT
Α	Εδ	O - Miscellaneous ofessional-Primary			CO442W LPL - Claims Made SIR applies per policy ter		, ,	Limit Per Claim \$1,000,000 Prof Liab Agg \$3,000,000

Licensed Professional Liability: Policy coverage applies only to students while working offsite in a curriculum required of Ohio State University approved internship, practicum or work study and continuing field work done in relation to same. Coverage includes Licensed Professional Liability for students on a claims-made basis. Coverage also includes General Liability coverage for Students.

PERTIFICATE HOLDER	CANCELLATION

EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS AUTHORIZED REPRESENTATIVE

The Ohio State University Office of Risk Management 15 East 15th Avenue, Third Floor Columbus OH 43201 USA

Aon Risk Services Northeast, Inc.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE