

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/27/2017

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 be endorsed. If SUBROGATION IS WAIVED, subject to

PRODUC	cate holder in lieu of such endor	Seme	શાઘડ					
			•	1	CONTACT			
USA Agency					NAME: PHONE FAX FAX:			
Main Street					EMAIL (A/C, NO):			
Anytown, USA					ADDRESS:			1
Contact: Jack@USA.com					INSURER(S) AFFORDING COVERAGE			NAIC#
INSURED					INSURER A: ABC Insurance INSURER B: Good Hands Insurance			78963 21456
Vendor name and address					INSURER C: State Insurance			65489
					INSURER D:			03409
					INSURER E:			
					INSURER F:			
COVE	RAGES CER	TIFIC	CATE	NUMBER:		F	REVISION NUMBER:	
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF ' PER I POL	REME TAIN, ICIES	NT, TERM OR CONDITI THE INSURANCE AFFO	ON OF ANY CONTR ORDED BY THE POL AVE BEEN REDUCED	ACT OR OTHE	R DOCUMENT WITH RESI BED HEREIN IS SUBJECT	PECT TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	ITS
Α Ι	NERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
COMMERICAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Each occurrence)	\$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$5,000
ᅢ		X		QWERTY2345	07/01/2016	07/01/2017	PERSONAL & ADV INJURY	\$1,000,000
	 _		_				GENERAL AGGREGATE	<mark>\$1,000,000</mark>
GEN	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$1,000,000
	POLICY PRO-							\$
AU1	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$1,000,000
3							(Each accident) BODILY INJURY	
\boxtimes	ANY AUTO ALL OWNED SCHEDULED						(Per person) BODILY INJURY	\$
Ш	AUTOS LAUTOS			CARS69521	07/01/2016	07/01/2017	(Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE			COVER321	07/01/2016	07/01/2017	AGGREGATE	\$2,000,000
				00.12.102.	01/01/2010	01/01/2017		
片	DED RETENTION \$				07/01/2010	07/01/2017		\$
WC	DED RETENTION \$ DRKERS COMPENSATION AND IPLOYERS' LIABILITY Y/N				07/01/2010	07/01/2017	WC STATU- TORY LIMITS OTH	 -
EM AN	ORKERS COMPENSATION AND IPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE					07/01/2017		 -
AN' OFF	ORKERS COMPENSATION AND IPLOVERS' LIABILITY Y/N Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? ANDATORY IN NH)	N/A	•	WC2016	07/01/16	07/01/17	E.L. EACH ACCIDENT E.L. DISEASE - EACH	
AN' OFI (MA	DRKERS COMPENSATION AND IPLOYERS' LIABILITY YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A	•				E.L. DISEASE - POLICY	\$100,000 \$100,000
A OFI	ORKERS COMPENSATION AND IPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? ANDATORY IN NH) es, describe under	N/A	•				E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE	\$100,000
AN OF I	ORKERS COMPENSATION AND IPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FIGER/MEMBER EXCLUDED? ANDATORY IN NH) es, describe under SCRIPTION OF OPERATIONS below	N/A		WC2016	07/01/16	07/01/17	E.L. DISEASE - POLICY	\$100,000 \$100,000
AN OF I	ORKERS COMPENSATION AND IPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? ANDATORY IN NH) es, describe under	N/A	<u> </u>				E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$100,000 \$100,000 \$500,000
A ANY OFFI (MA) If you DES	ORKERS COMPENSATION AND IPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE FIGER/MEMBER EXCLUDED? ANDATORY IN NH) es, describe under SCRIPTION OF OPERATIONS below		(Atta	WC2016 OOPS2017	07/01/16	07/01/17	E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE E.L. DISEASE - POLICY LIMIT EACH CLAIM AGGREGATE	\$100,000 \$100,000 \$500,000 \$1,000,000
AN OFI (MA) If by DES	PRICE COMPENSATION AND IPLOYERS' LIABILITY Y/N YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? ANDATORY IN NH) es, describe under SCRIPTION OF OPERATIONS below Offessional Liability PTION OF OPERATIONS / LOCATIONS / VEH	HICLES		WC2016 OOPS2017 ch ACORD 101, Additional Re	07/01/16 07/01/16 emarks Schedule, if more	07/01/17	E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE E.L. DISEASE - POLICY LIMIT EACH CLAIM AGGREGATE	\$100,000 \$100,000 \$500,000 \$1,000,000
AN OFI (MA) If y DES	ORKERS COMPENSATION AND IPLOYERS' LIABILITY Y/N YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? ANDATORY IN NH) es, describe under SCRIPTION OF OPERATIONS below ofessional Liability	HICLES		WC2016 OOPS2017 ch ACORD 101, Additional Re	07/01/16 07/01/16 emarks Schedule, if more	07/01/17	E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE E.L. DISEASE - POLICY LIMIT EACH CLAIM AGGREGATE	\$100,000 \$100,000 \$500,000 \$1,000,000
AN OFI (MA) If y DES	PRICE COMPENSATION AND IPLOYERS' LIABILITY Y/N YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? ANDATORY IN NH) es, describe under SCRIPTION OF OPERATIONS below Offessional Liability PTION OF OPERATIONS / LOCATIONS / VEH	HICLES		WC2016 OOPS2017 ch ACORD 101, Additional Re	07/01/16 07/01/16 emarks Schedule, if more	07/01/17	E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE E.L. DISEASE - POLICY LIMIT EACH CLAIM AGGREGATE	\$100,000 \$100,000 \$500,000 \$1,000,000
AN OFI (MA) If y DES	PRICE COMPENSATION AND IPLOYERS' LIABILITY Y/N YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? ANDATORY IN NH) es, describe under SCRIPTION OF OPERATIONS below Offessional Liability PTION OF OPERATIONS / LOCATIONS / VEH	HICLES		WC2016 OOPS2017 ch ACORD 101, Additional Re	07/01/16 07/01/16 emarks Schedule, if more	07/01/17	E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE E.L. DISEASE - POLICY LIMIT EACH CLAIM AGGREGATE	\$100,000 \$100,000 \$500,000 \$1,000,000
B Pro	PRICE COMPENSATION AND IPLOYERS' LIABILITY Y/N YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? ANDATORY IN NH) es, describe under SCRIPTION OF OPERATIONS below Offessional Liability PTION OF OPERATIONS / LOCATIONS / VEH	HICLES		WC2016 OOPS2017 ch ACORD 101, Additional Re	07/01/16 07/01/16 emarks Schedule, if more	07/01/17 07/01/17 e space is required	E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE E.L. DISEASE - POLICY LIMIT EACH CLAIM AGGREGATE	\$100,000 \$100,000 \$500,000 \$1,000,000
B Pro DESCRIP Trustee	PREASE COMPENSATION AND IPLOYERS' LIABILITY YN YN YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? ANDATORY IN MH) es, describe under SCRIPTION OF OPERATIONS below of essional Liability PTION OF OPERATIONS / LOCATIONS / VEH es of Dartmouth College added as FICATE HOLDER	HICLES		WC2016 OOPS2017 ch ACORD 101, Additional Re	07/01/16 07/01/16 emarks Schedule, if more meral Liability CANCELLATION	07/01/17 07/01/17 space is required	E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE E.L. DISEASE - POLICY LIMIT EACH CLAIM AGGREGATE	\$100,000 \$100,000 \$500,000 \$1,000,000 \$1,000,000
A Property of the property of	PRICATE HOLDER PIRATE HOLDER PICATE HOLDER PICATE HOLDER PICATE HOLDER PICATE HOLDER PICATE HOLDER PICATE HOLDER PESSON Dartmouth College PESSON DARTMOUTH College PESSON DARTMOUTH College	HICLES		WC2016 OOPS2017 ch ACORD 101, Additional Re	07/01/16 07/01/16 emarks Schedule, if more charal Liability CANCELLATIO SHOULD ANY BEFORE THE E	07/01/17 07/01/17 space is required N OF THE AB XPIRATION DA	E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE E.L. DISEASE - POLICY LIMIT EACH CLAIM AGGREGATE DOVE DESCRIBED POLICI ATE THEREOF, NOTICE WILL EACH CLAIM AGGREGATE	\$100,000 \$100,000 \$500,000 \$1,000,000 \$1,000,000
A Property of the second of th	PREASE COMPENSATION AND IPLOYERS' LIABILITY YN YN YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? ANDATORY IN MH) es, describe under SCRIPTION OF OPERATIONS below of essional Liability PTION OF OPERATIONS / LOCATIONS / VEH es of Dartmouth College added as FICATE HOLDER	HICLES		WC2016 OOPS2017 ch ACORD 101, Additional Re	07/01/16 07/01/16 emarks Schedule, if more charal Liability CANCELLATIO SHOULD ANY BEFORE THE E	07/01/17 07/01/17 07/01/17 space is required N OF THE ABOUNT THE ABOUNT THE POLITING DA	E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE E.L. DISEASE - POLICY LIMIT EACH CLAIM AGGREGATE DOVE DESCRIBED POLICI	\$100,000 \$100,000 \$500,000 \$1,000,000 \$1,000,000

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