Client#: 1115734 WESTVIR24

## ACORD.

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 6/27/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not con	fer any rights to the certificate holder in	n lieu of such endorsement(s).					
PRODUCER USI Ins Svcs C/L Morgantown 48 Donley Street, Suite 703 Morgantown, WV 26501		CONTACT Cathie Barry					
		PHONE (A/C, No, Ext): 304 238-5559	FAX (A/C, No): 866 617-3260				
		E-MAIL ADDRESS: cathie.barry@usi.com					
		INSURER(S) AFFORDING COVERA	AGE NAIC #				
304 598-5678		INSURER A : BrickStreet Mutual Insurance Company	12372				
INSURED		INSURER B:					
West Virginia Un Attention: Micha	•	INSURER C:					
7.11.01.11.01.11		INSURER D:					
Post Office Box		INSURER E:					
Morgantown, W\	0000	INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBER:				

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.

TYPE OF INSURANCE

ADDIL SURPL
POLICY NUMBER

POLICY FYFT (MM/DD/YYYY)

LIMITS

INSR LTR	SR R TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	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- 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 DED RETENTION \$						AGGREGATE	\$			
								\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCB1019700	07/01/2019	07/01/2020	X PER STATUTE OTH-				
	AND EMPLOYERS LIBILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT	\$100,000				
							E.L. DISEASE - EA EMPLOYEE	\$100,000			
							E.L. DISEASE - POLICY LIMIT	\$500,000			
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

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

Evidence of Coverage

CERTIFICATE HOLDER CANCELLATION

West Virginia University
One Waterfront Place, PO Box
6209
Morgantown, WV 26506

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

James P. Crouse

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