

## **CERTIFICATE OF LIABILITY INSURANCE**

INDI-28 OP ID: JK DATE (MM/DD/YYYY)

10/07/2014

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

	e terms and conditions of the policy, ertificate holder in lieu of such endors			•			ernent on th	s certificate does not c	onter i	ignts to the	
PRODUCER Forrest Sherer, Inc. PO Box 900 Terre Haute, IN 47808-0900 John S. Lukens, CPCU, ARM						CONTACT NAME:					
						PHONE (A/C, No, Ext): (A/C, No):					
						SS:		1 6 3 -1031			
						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A : Insurance Company					
INSURED Named Insured						INSURER B :					
					INSURE	RC:					
					INSURE	RD:					
						INSURER E :					
						INSURER F :					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	EMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MMIDDIYYYY)	LIMIT	S		
_	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY	X		POLICY NUMBER				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	1,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	POLICY PRO- LOC							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO  ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(PER ACCIDENT)	\$		
	LIMBDELLA LIAB								\$		
	UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE	\$		
	CLAIWS-WADE							AGGREGATE	\$		
	DED   RETENTION \$   WORKERS COMPENSATION							WC STATU-   OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N							TORY LIMITS   ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Ind	RIPTION OF OPERATIONS / LOCATIONS / VEHICL iana State University & In included as additional ins	diar	na S	State University B	oard	of Truste	es shall				
CERTIFICATE HOLDER						CANCELLATION					
ISUENVI Indiana State University & Indiana State University Board of Trustees						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					

210 N 7th St.

Terre Haute, IN 47809