CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) (Issue Date)

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 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).

PRODUCER	CONTACT NAME: Insurance Company Agent Information (in this section)	
INSURANCE COMPANY NAME AND ADDRESS	PHONE (A/C, No, Ext):	FAX (A/C, No):
	EMAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Insurance Company Info	
INSURER B:	Insurance Company Info	
INSURER C:	Insurance Company Info	
INSURER D:	Insurance Company Info	
INSURER E:		
INSURER F:		

INSURED
COMPANY NAME AND ADDRESS
(Should be the same as the W-9)

COVERAGES **CERTIFICATE NUMBER:** **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** ☒ COMMERICAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☐ _____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC	Y		POLICY NUMBER (Please note that the box under "ADDL INSR" needs to indicate a "Y" or see below description)	START DATE	END DATE	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Each occurrence)	$1,000,000
							MED EXP (Any one person)	$100,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	$1,000,000
								$
B	**AUTOMOBILE LIABILITY** ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ _____ ☐ _____	Y		POLICY NUMBER (Only if applicable to the work conducted at Columbia)	START DATE	END DATE	COMBINED SINGLE LIMIT (Each accident)	$1,000,000
							BODILY INJURY (Per person)	$1,000,000
							BODILY INJURY (Per accident)	$1,000,000
							PROPERTY DAMAGE (Per accident)	$1,000,000
								$
C	☒ **UMBRELLA LIAB** ☒ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			POLICY NUMBER (A policy used to fill coverage gaps in underlying policies if needed)	START DATE	END DATE	EACH OCCURRENCE	$1,000,000
							AGGREGATE	$1,000,000
								$
D	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(MANDATORY IN NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		POLICY NUMBER (Only if applicable to the work conducted at Columbia)	START DATE	END DATE	☒ WC STATU-TORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EACH EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
A	PROFESSIONAL LIABILITY (or Errors and Omissions)			POLICY NUMBER	START DATE	END DATE	EACH CLAIM	$1,000,000
							AGGREGATE	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
(Please note if "ADDL INSR' box does not indicate a "Y" or there is no box above then the following language needs to be articulated in this section of the certificate-)
"The Trustees of Columbia University in the City of New York, its trustees, officers, agents and employees as additional insured. This excludes Workers Comp and/or Professional Liability"

CERTIFICATE HOLDER

THE TRUSTEES OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK
ATTN: RISK MANAGMENT
615 WEST 131ST STREET, 3RD FLOOR
NEW YORK, NY 10027
(This is the required Certificate Holder information)

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
of Marsh USA Inc.
Agent Name and Signature

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