

CERTIFICATE OF LIABILITY INSURANCE

OP ID: JA

DATE (MM/DD/YYYY)

06/19/2019

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.

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 rights to the certificate holder in lieu of such endorsement(s). PRODUCER FAX (A/C, No): PHONE (A/C, No, Ext): E-MAIL ADDRESS NAIC # INSURER(S) AFFORDING COVERAGE INSURER A INSURED INSURER B: INSURER C : INSURER D INSURER E : INSURER F REVISION NUMBER: COVERAGES CERTIFICATE 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. ADDL SUBR POLICY EFF POLICY EXP INSR TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 100.000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR 06/25/2020 06/25/2019 Х X 5,000 MED EXP (Any one persor 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 2,000,000 POLICY X PRO-PRODUCTS - COMP/OP AGG 1,000,000 Emp Ben. OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 Δ AUTOMOBILE LIABILITY X 06/25/2020 06/25/2019 ANY AUTO Χ Х **BODILY INJURY (Per person)** OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 5,000,000 A X UMBRELLA LIAB OCCUR EACH OCCURRENCE 06/25/2019 06/25/2020 5,000,000 **EXCESS LIAB** CLAIMS-MADE X X **AGGREGATE** 0 X RETENTION \$ DED Α WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 500,000 06/25/2019 06/25/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) X E.L. EACH ACCIDENT 500,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT 06/25/2019 06/25/2020 Limit/Ded \$100k/\$1k Rented Equipment DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: 212 Myrtle Ave-Raze Facility, #0776401. University of lowa; Board of Regents, State of lowa; & State of lowa are included as additional insureds, on a primary basis. Waivers of subrogation provided, in favor of additional insureds. 30-day notice of cancellation provided. Additional insured endorsements are attached. **CERTIFICATE HOLDER** CANCELLATION UNIV042 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Board of Regents, State of IA ACCORDANCE WITH THE POLICY PROVISIONS. University of Iowa % Facilities Mgmt AUTHORIZED REPRESENTATIVE 200 University Services Bldg. lowa City, IA 52242-1922