

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/27/2023

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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t							require an endorsement	. A st	atement on	
PRODUCER						CONTACT NAME:					
MARSH USA LLC. 200 Public Square, Suite 3760					PHONE FAX (A/C, No, Ext): (A/C, No):						
Cleveland, OH 44114					(A/C, NO, EXT): (A/C, NO). E-MAIL ADDRESS:						
							SURER(S) AFFOR	RDING COVERAGE		NAIC#	
CN101360767-BGSU-Med-22-23						RA: Hudson Ex	cess Insurance C	ompany		25054	
INSURED Bowling Green State University						INSURER B:					
Attn: Stephanie Sickler						RC:					
1851 N Research Drive Bowling Green, OH 43403					INSURER D:						
. , ,					INSURER E:						
					INSURER F:						
				NUMBER:	CLE-006502047-11 REVISION NUMBER: 3 WE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN C	INSTANCE THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	INOD	****			(MINI/DD/1111)	(MINI/OD/1111)	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- JECT 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							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/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	\$		
Α	Medical Malpractice			HCF 10213		07/01/2023	07/01/2024	Per claim		1,000,000	
	Claims made basis; \$25,000 Ded							Annual aggregate		3,000,000	
LICE THE	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC INSED AND SUPERVISORY STAFF, AND STUDEN' IR PROFESSIONAL AND EDUCATIONAL RESPONS ITEN CONTRACT ENTERED INTO PRIOR TO LOS:	TS PAF SIBILIT	RTICIP	ATING IN UNIVERSITY SPONSOR	ED INTER	RNSHIP PROGRA	AMS AND PRACT	ICUMS, WHILE OPERATING WIT			
CF	RTIFICATE HOLDER			CANC	ANCELLATION						
Bowling Green State University Attn: Stephanie Sickler 1851 N Research Drive Bowling Green, OH 43403						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					
						Marsh USA Inc.					