SCLINE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2020

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

	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su).				
	DUCER C Insurance Company	CONTACT NAME: PHONE (A/C, No, Ext): (555) 555-1234 FAX (A/C, No): (555) 555-1122								
123 Main Street New York, NY 10001					(A/C, No, Ext): (333) 333-1234 (A/C, No): (333) 333-1122 E-MAIL ADDRESS:					
vev	V 101K, N1 10001							NAIC#		
		INSURER A : Insurai					12345			
INSI	JRED	INSURER B : Insurance Company B					67890			
				INSURER C :					07030	
	Acme Holdings, Inc. 456 Third Street NW			INSURER D :					-	
	Anytown, MI 48002			INSURER E :						
				INSURER F:					-	
CO	VERAGES CER	REVISION NUMBER:								
T IN	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN	IENT, TERM OR CONDITION , THE INSURANCE AFFORM	N OF ANY CONTRA DED BY THE POLIC	TO THE INSUF CT OR OTHER CIES DESCRIB	RED NAMED ABO R DOCUMENT WI	VE FOR TH	T TO	WHICH THIS
NSR LTR			SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		
Ā	X COMMERCIAL GENERAL LIABILITY	INSD	WVD		(MINI/DD/1111)	(INIM/DD/1111)	EACH OCCURREN		:	1,000,000
	CLAIMS-MADE X OCCUR	XYZ1234567		XYZ1234567	07/01/2018	06/30/2019	DAMAGE TO RENT PREMISES (Ea occi	ED urrence) \$		
							MED EXP (Any one	person) \$	6	4 000 000
							PERSONAL & ADV	INJURY \$	6	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREC	GATE \$	6	2,000,000
	X POLICY PRO-			`			PRODUCTS - COM	P/OP AGG \$	6	2,000,000
	OTHER:				1		COMBINED SINGLE	F LIMIT	5	1,000,000
	AUTOMOBILE LIABILITY						(Ea accident)	\$	5	1,000,000
	X ANY AUTO OWNED SCHEDULED						BODILY INJURY (Pe			
	AUTOS ONLY AUTOS						BODILY INJURY (PO	er accident) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	\$	6	
Α	X UMBRELLA LIAB X OCCUR							\$		2,000,000
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		_	AAA112233	07/01/2018	06/30/2019	EACH OCCURREN			2,000,000
		700112200		7001112200	0170172010		AGGREGATE			
В	DED 24 INCIDITIONS						X PER STATUTE	OTH-	5	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			INS-3456-1234	07/01/2018	06/30/2019		ÉR		100,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			0170112010		E.L. EACH ACCIDE			100,000
	If yes, describe under						E.L. DISEASE - EA			500,000
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POL	LICY LIMIT \$	5	
DE0	ORIENTIAN OF ORERATIONS (LOCATIONS (VEHIC		1000	D 404 A delition of Dominator College						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ile, may be attached if mo	re space is requii	·ed)			
CE	RTIFICATE HOLDER	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.						
	THE BOARD OF REGENTS OF THE UNIVE	SYSTI	EM OF GEORGIA							
KENNESAW STATE UNIVERSITY 1000 CHASTAIN ROAD										

ACORD 25 (2016/03)

KENNESAW, GA 30144

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AUTHORIZED REPRESENTATIVE

ohn Smith