Ą	~		ERTI	IFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) CURRENT 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 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).											
		ER NAME & ADDRESS			CONTACT						
			NAME: PHONE FAX								
OF INSURANCE CARRIER					(A/C, No, Ext): (A/C, No):						
					ADDRESS:					NAIC #	
						INSURER(S) AFFORDING COVERAGE					
INSURED NAME & ADDRESS											
	OF CATERER										
						INSURER D :					
	VFF	RAGES CER			INSURI						
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 SUE			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
	×	COMMERCIAL GENERAL LIABILITY		-				EACH OCCURRENCE	\$ 1 ,	000,000	
		CLAIMS-MADE × OCCUR				08/01/2016	08/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	·	
A						00/01/2010	00,01,201,	MED EXP (Any one person)	\$		
				POLICY #		DATES	MUST	PERSONAL & ADV INJURY	\$		
	GE	EN'L AGGREGATE LIMIT APPLIES PER:				COVER T	HE DATE	GENERAL AGGREGATE	\$		
		POLICY PRO- JECT LOC				OF E	VENT	PRODUCTS - COMP/OP AGO	3 \$		
		OTHER:							\$		
	AU	ITOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	×	ANY AUTO						BODILY INJURY (Per person)	\$		
A		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accider	it) \$		
	×							PROPERTY DAMAGE (Per accident)	\$		
									\$		
в	×	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
		DED X RETENTION \$ 0							\$		
		RKERS COMPENSATION						× PER STATUTE OTH- ER	Per S	tatute	
A	ANY							E.L. EACH ACCIDENT	\$		
	(Ma	FICER/MEMBEREXCLUDED?						E.L. DISEASE - EA EMPLOYE	E \$		
	lf ye DES	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI	г \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Bryn Mawr College is named as an Additional Insured as respects to General Liability.											
BRYN MAWR COLLEGE MUST BE NAMED AS ADDITIONALLY INSURED!											
CE	RTI	FICATE HOLDER	CANCELLATION								
Bryn Mawr College 101 North Merion Bryn Mawr, PA 19010						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					
BRYN MAWR COLLEGE MUST											
BE NAMED CERTIFICATE HOLDER					MUST BE SIGNED						

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