

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/27/2024

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).

		this continuate does not contend rights to the certainate notation in near or such chaorsement(s).						
CONTACT NAME:	Sid Friedman							
PHONE (A/C, No, Ext):	503-790-9338	FAX (A/C, No):	503-274-6524					
E-MAIL ADDRESS: sidney.friedman@bbrown.com								
INSURER(S) AFFORDING COVERAGE								
INSURER A: Public Universities Risk Mgmt & Insurance Trust								
INSURER B: United	d Educators Ins		10020					
INSURER C:								
INSURER D : INSURER E :								
				INSURER F:				
	NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER A: Public INSURER B: United INSURER C: INSURER D: INSURER E:	NAME: Sid Friedman PHONE (A/C, No, Ext): 503-790-9338 E-MAIL ADDRESS: sidney.friedman@bbrown.com INSURER(S) AFFORDING COVERAGE INSURER A: Public Universities Risk Mgmt & Insur INSURER B: United Educators Ins INSURER C: INSURER C: INSURER C: INSURER E:	NAME: Sid Friedman PHONE (A/C, No, Ext): 503-790-9338 (A/C, No): 5 E-MAIL ADDRESS: sidney.friedman@bbrown.com INSURER(S) AFFORDING COVERAGE INSURER A: Public Universities Risk Mgmt & Insurance Trust INSURER B: United Educators Ins INSURER C: INSURER C: INSURER D: INSURER E:					

COVERAGES CERTIFICATE NUMBER: 80725311 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.

EXCEPTION OF CONTROL O									
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
A B	1	COMMERCIAL GENERAL LIABILITY			L34-63M	7/1/2024	7/1/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
l [□]		CLAIMS-MADE ✓ OCCUR						PREMISES (Ea occurrence)	\$ Included
								MED EXP (Any one person)	\$ Excluded
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	✓	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000
		OTHER:							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В		UMBRELLA LIAB ✓ OCCUR			L34-63M	7/1/2024	7/1/2025	EACH OCCURRENCE	\$30,000,000
	1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$30,000,000
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Lice	ensed Professional Liability			L34-63M	7/1/2024	7/1/2025	Each Claim Limit: \$1,00	- /
В								Annual Aggregate Limit:	\$3,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Proof of Coverage									
I									

CERTIFICATE HOLDER	CANCELLATION
Western Oregon University 345 N Monmouth Ave Monmouth OR 97361	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
	Ron Cutter

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