

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) (Issue 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 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).

certificate holder in lieu of such endo	rsemen	it(s).				-
PRODUCER	CONTACT NAME: Insurance Company Agent Information (in this section)					
INSURANCE COMPANY NAME AN	PHONE (A/C, No, Ext): (A/C, No):					
			EMAIL ADDRESS:		[(ASS, NO).	
				NSIIDED/S\ARRA	SEDING COVERAGE	NAIC #
		I		nsurer(s) affici rance Company I	RDING COVERAGE	NAIC#
INSURED	INSURER B: Insurance Company info					
COMPANY NAME AND ADDRESS	INSURER C: Insurance Company Info					
(Should be the same as the W-9)	INSURER D: Apsurance Company Info					
	INSURER E:					
			INSURER F:			
		ATE NUMBER:			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F	ES OF I	NSURANCE LISTED BELOW	V HAVE BEEN ISSUI	ED TO THE INS	SURED NAMED ABOVE FO	R THE POLICY PERIOD
CERTIFICATE MAY BE ISSUED OR MA	Y PERTA	AIN, THE INSURANCE A	ORDED BY THE PO	LICIES DESCR	NBED HEREIN IS SUBJEC	TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUC			AVE BEEN REDUCE	BY PAID CLAI POLICY EXP		
TYPE OF INSURANCE	INSR W	POLICY NUMBER	(MM/DD/YYYY	(MM/DD/YYYY)	Lii	MITS
A GENERAL LIABILITY					DAMAGE TO RENTED	\$1,000,000
COMMERICAL GENERAL LIABILITY				1	PREMISES (Each occurrence)	\$1,000,000
CLAIMS-MADE OCCUR		POLICY NUMBER)) ⁽¹⁾	MED EXP (Any one person)	\$100,000
 - 	Y	(Please note that the box und	er START DATE	END DATE	PERSONAL & ADV INJURY	\$1,000,000
		"ADDL INSR" needs to indicate "Y" or see below description)	le a		GENERAL AGGREGATE	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:		. 5. 555 55.011 454.191011)			PRODUCTS - COMP/OP AGG	\$1,000,000
☑ POLICY ☐ PRO- ☐ LOC						\$
B AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Each accident)	\$1,000,000
					BODILY INJURY (Per person)	\$1,000,000
ALL OWNED - SCHEDULED	Y	POLICY NUMBER	START DATE	END DATE	BODILY INJURY	\$1,000,000
AUTOS LI AUTOS NON-OWNED	1	(Only if applicable to the work conducted at Columbia)	OTAKI DATE	LIND DATE	(Per accident) PROPERTY DAMAGE	\$1,000,000
HIRED AUTOS H AUTOS					(Per accident)	\$1,000,000
				1	EACH OCCURRENCE	\$1,000,000
C UMBRELLA LIAB OCCUR		ROLICY NUMBER	071.57.5	ENDOATE	AGGREGATE	\$1,000,000
EXCESS LIAB CLAIMS-MADE		(A policy used to fill coverage in underlying policies if neede	gaps START DATE	END DATE		\$
WORKERS COMPENSATION AND		ну инценунц ролсез и пеесе	su)	1		TH-
EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N		POLICY NUMBER			- TORT EMITTO - E	R
D OFFICE MEMBER EXCLUDED? (MANDATORY IN NH)	N/A		, START DATE	END DATE	E.L. EACH ACCIDENT E.L. DISEASE - EACH	\$1,000,000
If yes, describe under		(Only if applicable to the work conducted at Columbia)			EMPLOYEE	\$1,000,000
DESCRIPTION OF OPERATIONS below		, ,			E.L. DISEASE - POLICY LIMIT	\$1,000,000
DDOEESSIONAL LIABILITY for Free- and					EACH CLAIM	\$1,000,000
A PROFESSIONAL LIABILITY (or Errors and Omissions)		POLICY NUMBER	START DATE	END DATE	AGGREGATE	\$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / V	EHICLES (Attach ACORD 101, Additional R	l temarks Schedule, if mo	re space is requir	l ed)	
(Please note if "ADDL INSR" box does not indicate a "Y" or there is no box above then the following language needs to be articulated in this section of the certificate-) "The Trustees of Columbia University in the City of New York, its trustees, officers, agents and employees as additional insured. This excludes						
Workers Comp and/or Professional Li		5.c, 5. 11011 1 01K, 160 11 11 15	, oo., age	o and ompi	-, - se as assistential file	
CERTIFICATE HOLDER	-		CANCELLATION) N		
CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIPED BOLICIES BE CANCELLED						
THE TRUSTEES OF COLUMBIA UNIVERSITY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
IN THE CITY OF NEW YORK ATTN: RISK MANAGMENT	ACCORDANCE WITH THE POLICY PROVISIONS.					
615 WEST 131 ST STREET, 3 RD FLOOR	AUTHORIZED REPRESENTATIVE of Marsh USA Inc.					
NEW YORK, NY 10027	Agent Name and Signature					
(This is the required Certificate Holder information)						