ĄĆ	ORD		CEF	RTIFICATE OF LIABILITY INSURANCE							DATE(MM/DD/YYYY) 05/01/2023		
CER BELC	TIFICATE DOES	NOT FICA	AFFIRMATIN	/ELY SURAN	OR ICE	OF INFORMATION ONL NEGATIVELY AMEND, DOES NOT CONSTITU ATE HOLDER.	EXTEND	OR ALTER	R THE CO	VERAGE AFFORDED	BY THE	POLICIES	
If SI	JBROGATION IS N	VAIV	ED, subject t	to	the	DITIONAL INSURED, the terms and conditions o older in lieu of such endors	of the po	licy, certain		•			
PRODUCE		201110	a rights to the	certin			CONTACT NAME:						
Aon Risk Services Northeast, Inc. Columbus OH Office 8940 Lyra Drive Suite 250 Columbus OH 43240 USA								Ext): (866) 2	00) 363-01	.05			
								S:					
								INSURER(S) AFFORDING COVERAGE					
												NAIC #	
MSURED The Ohio State University Office of Risk Management 15 East 15th Avenue, Third Floor								INSURERA: United Educators Ins, a Reciprocal RRG 10020 INSURER B:					
								INSURER C:					
	bus OH 43201 US						INSURER D:						
							INSURER	E:					
							INSURER	F:					
COVER	AGES		CER	TIFICA	TE N	UMBER: 5700992670	80		RI	EVISION NUMBER:			
INDIC	ATED. NOTWITHST	ANDI	NG ANY REC	UIRE	MENT,	RANCE LISTED BELOW H TERM OR CONDITION URANCE AFFORDED BY THE	OF ANY	CONTRACT	OR OTHER	DOCUMENT WITH RES	PECT TO		
					SUBD	1						are as requested	
	TYPE OF IN			ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		IMITS		
			т							EACH OCCURRENCE			
	CLAIMS-MADE		OCCUR							PREMISES (Ea occurrence)			
_										MED EXP (Any one person)			
										PERSONAL & ADV INJURY GENERAL AGGREGATE			
G	EN'L AGGREGATE LIMIT AF	PLIES	LOC										
	OTHER:	L								PRODUCTS - COMP/OP AGG			
A	JTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)			
-	ANY AUTO									BODILY INJURY (Per person)			
	OWNED		HEDULED							BODILY INJURY (Per accident)			
	AUTOS ONLY HIRED AUTOS		ITOS IN-OWNED							PROPERTY DAMAGE (Per accident)			
-	ONLY		TOS ONLY										
A	UMBRELLA LIAB	x	OCCUR			C0442W		05/01/2023	05/01/2024	EACH OCCURRENCE		\$30,000,000	
×	-		CLAIMS-MADE							AGGREGATE		\$30,000,000	
	DED X RETENTION	\$5,		1									
	ORKERS COMPENSATION									PER STATUTE O	τн-		
	MPLOYERS' LIABILITY NY PROPRIETOR / PARTNER	1	Y/N							E.L. EACH ACCIDENT	~		
E	EXECUTIVE OFFICER/MEMBER (Mandatory in NH)			N/A						E.L. DISEASE-EA EMPLOYEE			
	ryes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE-POLICY LIMIT			
Excess Liabi incluc any co provid	s Liability Cla lity Coverage u ded as an Addit ontract or agre ded by the Exce	use p to iona emen ss l	: The Name 5 \$5,000,00 al Insured nt entered Liability p	d Ins 0 USI on th into olicy	sured D Eac ne Ex pric y. Th	onal Remarks Schedule, may be attac d is Self-Insured fo ch Occurrence. Limi (ccess Liability poli or to loss that requ ne Waiver of Subroga agreement executed	r Genera ts showr cy where ires The tion app	al Liabilit n are exces e the Ohio e Ohio Stat olies in yo	s of the s State Universion our favor o	Self-Insured retent versity is obligate ity to furnish insu	tion. Ye ed as a l urance to	r's ou are result of o you licy where	
CERTIF	ICATE HOLDER				CA	NCELLATION							
							SHOULD AN DATE THERE	IY OF THE ABO OF, NOTICE WILL E	VE DESCRIBED BE DELIVERED IN A	POLICIES BE CANCELLED B ACCORDANCE WITH THE POLICY	EFORE THE PROVISIONS.	EXPIRATION	
	The objective												
	The Ohio State University Office of Risk Management 15 East 15th Avenue, Third Floor Columbus OH 43201 USA							ttached if more space is required) for General Liability, Automobile Liability and Employer's mits shown are excess of the Self-Insured retention. You are licy where the Ohio State University is obligated as a result of guires The Ohio State University to furnish insurance to you pation applies in your favor on the Excess Liability policy where a prior to the date of loss. 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. UTHORIZED REPRESENTATIVE Mon Risk Services Northeast Inc.					
								A10	88-2015 400		l rights re-		

570099267080 Certificate No :

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