



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/5/2021

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 OF 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).

<b>PRODUCER</b> The Pennsylvania State University Risk Management Office 227 West Beaver Avenue Rider Building, Suite 103 State College, PA 16801	<b>CONTACT NAME:</b> ERIN MCCOOL	
	<b>PHONE (A/C, NO. EXT):</b> 814-865-0512	<b>FAX NO.:</b> 814-865-4029
	<b>E-MAIL ADDRESS:</b> ejm6091@psu.edu	
	<b>PRODUCER CUSTOMER ID#:</b>	

<b>INSURED</b> The Pennsylvania State University c/o Risk Management Office 227 West Beaver Avenue Rider Building, Suite 103 State College, PA 16801	<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: LEXINGTON INSURANCE COMPANY		
	INSURER B: TRAVELERS PROPERTY CASUALTY CO. OF AMERICA		25674
	INSURER C: SAFETY NATIONAL CORPORATION		
	INSURER D:		
	INSURER E:		

**COVERAGES**  
 THIS IS TO CERTIFY THAT 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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>			034-064-101	03/01/2021	03/01/2022	EACH OCCURRENCE	\$5,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$5,000,000
	CLAIMS MADE	X	OCCUR				MED EXP (Any one person)	N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$5,000,000
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$5,000,000
B	<b>AUTOMOBILE LIABILITY</b>			TC2JCAP466K7974TIL21	03/01/2021	03/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	HIRED AUTOS						\$500 DEDUCTIBLE COMP. \$1000 DEDUCTIBLE COLL.	PHYSICAL DAMAGE
	NON-OWNED AUTO							
PHYSICAL DAMAGE								
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>						AGGREGATE	\$
	DEDUCTIBLE							
	RETENTION							
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N</b> <input type="checkbox"/>			5103 SELF-INSURED (WC)	07/01/2021	07/01/2022	X WC STATUTORY LIMITS	OTH - ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) No			SP- 4065139 (EL)	07/01/2021	07/01/2022	E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 EVIDENCING COVERAGE OF THE PENNSYLVANIA STATE UNIVERSITY AND ITS EMPLOYEES AS RESPECTS ONLY ITS REAL ESTATE OPERATIONS.  
 THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY INSURANCE WHERE REQUIRED BY WRITTEN AGREEMENT WITH THE NAMED INSURED.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>EVIDENCE OF COVERAGE ONLY ON BEHALF OF THE PENNSYLVANIA STATE UNIVERSITY REAL ESTATE OFFICE AND ITS REAL ESTATE OPERATIONS.</b>	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 