



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/02/2025

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).

<b>PRODUCER</b> MARSH USA LLC. 200 Public Square, Suite 3760 Cleveland, OH 44114		<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> <b>FAX (A/C. No):</b> <b>E-MAIL ADDRESS:</b>	
CN101360767-YSU-Prp25-25-26		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Travelers Excess and Surplus Lines Company	
<b>INSURED</b> Youngstown State University Attn: Julie Gentile One University Plaza Cushwa Hall, Room 2303 Youngstown, OH 44555		<b>NAIC #</b> 29696	
		<b>INSURER B :</b>	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CLE-005780348-48 **REVISION NUMBER:** 8

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE		\$
	<input type="checkbox"/> CLAIMS-MADE		<input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$
									MED EXP (Any one person)		\$
									PERSONAL & ADV INJURY		\$
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE		\$
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG		\$
	OTHER:										\$
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)		\$
	<input type="checkbox"/> ANY AUTO								BODILY INJURY (Per person)		\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per accident)		\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$
											\$
	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR					EACH OCCURRENCE		\$
	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE		\$
	<input type="checkbox"/> DED	<input type="checkbox"/>	RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N / A					<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT		\$
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE		\$
									E.L. DISEASE - POLICY LIMIT		\$
A	Property  (Other deductibles may apply)					KTQ-CMB-4S48919-5-25  per policy terms and conditions)	07/01/2025	07/01/2026	Limit  Deductible	10,000,000  1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

Youngstown State University  
Attn: Julie Gentile  
One University Plaza  
Youngstown, OH 44555

## 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.

AUTHORIZED REPRESENTATIVE

*Marsh USA LLC*

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**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

<b>AGENCY</b> MARSH USA LLC.		<b>NAMED INSURED</b> Youngstown State University Attn: Julie Gentile One University Plaza Cushwa Hall, Room 2303 Youngstown, OH 44555
<b>POLICY NUMBER</b>		
<b>CARRIER</b>	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b>

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

## Other deductibles:

Earth Movement \$1,000,000

Flood \$1,000,000

Special Flood Hazard Area up to \$1,500,000

Convective Storm (wind, hail other than Named Storm) \$1,000,000

Water Damage \$1,000,000 min

Requesting entity is listed as additional insured where required by written contract entered into prior to loss. Requesting entity is named as loss payee, as required by written contract with respect to property.