ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/2013

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).											
PRODUCER CONTACT Sam Whonesnam											
					NAME: Sall Withestialit						
Insurance Company 555 America Rd. Produce, OR 55555					PHONE (A/C, No, Ext): 800-123-4567 FAX (A/C, No):						
					ADDRE	SS:					
					INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : ABC INSURANCE COMPANY					
INSU					INSURE	RB:					
	Company or Organization 1234 S. South Street										
				INSURER D :							
	Insure, DE 88888				INSURER E :						
					INSURE	RF:					
				NUMBER:				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.											
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		s		
Α	GENERAL LIABILITY	X		XXXXXXXX			00/00/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000 \$100,0	<i>,</i>	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$5,000		
								PERSONAL & ADV INJURY			
								GENERAL AGGREGATE	\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$2,000	,000	
-	POLICY PRO- JECT X LOC							COMBINED SINGLE LIMIT			
Α		Х		XXXXXXXX		00/00/2014	00/00/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	X ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X AUTOS AUTOS X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
								(\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
								AGGREGATE			
-	DED RETENTION \$					00/00/0044	00/00/0014	V WC STATU- OTH-	\$		
В	AND EMPLOYERS' LIABILITY			XXXXXXXX		00/00/2014	00/00/2014	X WC STATU- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$ 100,0		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$ 500,0	JO	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 100,0	00	
С	Other (i.e. Professional Liability, Liquor Liability, etc.)			XXXXXXXX		00/00/2014	00/00/2014	\$2,000,000 Aggregate			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) State of Idaho and Boise State University are listed as additional insured on general and auto liability.											
CERTIFICATE HOLDER C.						CANCELLATION					
State of Idaho and Boise State University Attn: Risk Management 1910 University Dr. Boise, ID 83725-1245					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						