

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2017

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									СТ					
Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797								CONTACT NAME: PHONE FAX						
								(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
									INSURER(S) AFFORDING COVERAGE NAIC #					
J09254-bost-GAUPF-17-18									INSURER A : Pinnacle Consortium of Higher Ed VT RRRG				11980	
INSURED TRUSTEES OF BOSTON UNIVERSITY C/O RISK MANAGEMENT								INSURER B : Safety National Casualty Corporation					15105	
								INSURER C: Genesis Insurance Company				38962		
25 BUICK ST, ROOM #130									RD:					
BOSTON, MA 02215									INSURER E:					
									INSURER F:					
_		AGES					NUMBER:		-005348096-01		REVISION NUMBER:3			
II C E	IDIC <i>A</i> ERTI XCLL	ATED. NOTWITHS FICATE MAY BE	STA ISS	NDING ANY RE UED OR MAY	QUIF PERT POLI	REME AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO	ст то	WHICH THIS	
INSR LTR		TYPE OF INS	SURA	NCE	INSD	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY					PCHE2017-17		07/01/2017	07/01/2018	EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000		
		CLAIMS-MADE X OCCUR									PREMISES (Ea occurrence)	\$	2,000,000	
											MED EXP (Any one person)	\$	2,500	
	Ш										PERSONAL & ADV INJURY	\$	2,000,000	
	GEN	N'L AGGREGATE LIMI POLICY PROJECT									GENERAL AGGREGATE	\$	5,000,000	
	_		T [LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
В	OTHER: AUTOMOBILE LIABILITY					CAE4057012		07/01/2017	07/01/2018	COMBINED SINGLE LIMIT	\$	2,000,000		
	Х	ANY AUTO					SELF-INSURED FOR				(Ea accident) BODILY INJURY (Per person)	\$	2,000,000	
		ALL OWNED AUTOS		SCHEDULED AUTOS			PHYSICAL DAMAGE				BODILY INJURY (Per accident)	\$		
		HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
			7								,	\$		
С	Х	UMBRELLA LIAB	Х	OCCUR			YUB301161D		07/01/2017	07/01/2018	EACH OCCURRENCE	\$	5,000,000	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	5,000,000	
	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET TOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N									DED	\$			
										PER OTH- STATUTE ER				
				N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under										E.L. DISEASE - EA EMPLOYEE			
_	DÉSCRIPTION OF OPERATIONS below A PROFESSIONAL LIABILITY					DCUF2017 17		07/01/2017	07/01/2018	E.L. DISEASE - POLICY LIMIT EACH CLAIM	\$	2,000,000		
^						PCHE2017-17		07/01/2017	07/01/2010					
											AGGREGATE		2,000,000	
		TION OF OPERATIONS idence only	S/LC	OCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requii	ed)			
<u></u>	D.T	10 ATE 1101 5-						0.1.1.)FI I AT'S.					
Trustees of Boston University c/o Risk Management 25 Buick Street, Room #130 Boston, MA 02215									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.					