

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/30/2017

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

							olicies may require an e	ndorse	ment. A sta	tement on th	nis certificate does not c	onfer	rights to the	
certificate holder in lieu of such endorsement(s). PRODUCER									CONTACT Sonia Centeio					
Cross Insurance-Wakefield									PHONE (781)914-1000 FAX (A/C, No, Ext): (781)224-5777					
401 Edgewater Place Suite 220									(A/C, No, Ext): (A/C, No): (A/C					
-									INSURER(S) AFFORDING COVERAGE NAIC #					
Wakefield MA 01880								INSURER A :Safety National Casualty Corp.						
INSURED								INSURER B:						
Trustees of Boston University									INSURER C:					
25 Buick Street									INSURER D:					
									INSURER E:					
Boston MA 022								INSURER F:						
		AGES	T L A -				NUMBER:CL1793025		N ISSUED TO		REVISION NUMBER:	UE DO	LICY BERIOD	
IN CE E)	DICA ERTIF	TED. NOTWITH FICATE MAY BE ISIONS AND COI	HSTA E ISS NDIT	ANDING ANY RE SUED OR MAY FIONS OF SUCH	EQUIF PERT POLI	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T S.	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE			INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
	COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE DAMAGE TO RENTED	\$			
		CLAIMS-MADI	E	OCCUR							PREMISES (Ea occurrence)	\$		
											MED EXP (Any one person) PERSONAL & ADV INJURY	\$		
	GEN	L'L AGGREGATE LIM	лт а	PPI IES PER:							GENERAL AGGREGATE	\$		
		POLICY PROJECT		LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:	,									\$		
	AUT	OMOBILE LIABILITY	Υ								COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO									BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
												\$		
		UMBRELLA LIAB	$\vdash$	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE	-						AGGREGATE	\$		
	DED   RETENTION \$ WORKERS COMPENSATION										X PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							10/1/2017	10/1/2018	A   STATUTE   ER  E.L. EACH ACCIDENT	\$	1,000,000		
				N/A		AGC4057685				E.L. DISEASE - EA EMPLOYEE		1,000,000		
										E.L. DISEASE - POLICY LIMIT		1,000,000		
												<u> </u>		
DESC	RIPT	ION OF OPERATION	NS / I	OCATIONS / VEHIC	CLES	(ACOR	D 101, Additional Remarks Sched	ule, may	be attached if m	ore space is req	uired)			
CERTIFICATE HOLDER									CANCELLATION					
	I	EVIDENCE (	OF	COVERAGE				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						
								Vincent Thorne/JI2						

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