

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/2/2017

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						CONTACT Sonia Centeio					
Cross Insurance-Wakefield						PHONE (781)914-1000 FAX (A/C, No, Ext): (781)224-5777					
401 Edgewater Place Suite 220						E-MAIL ADDRESS: scenteio@crossagency.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
Wak	Wakefield MA 01880			INSURER A ACE U.S.A.							
INSURED							INSURER B:				
Tru	ste	es of Boston Universit	Y			INSURER C:					
25 Buick Street						INSURER D:					
						INSURER E:					
Boston MA 02215				INSURER F:							
COVERAGES CERTIFICATE NUMBER:CL1792925					337 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 INSD	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000
A		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
					CXC D42183970 001		10/1/2017	10/1/2018	MED EVD (Any one person)	¢	50-000

LIK	THEOTHOOKANOE		INSD	WVD	POLICY NUMBER (MIM/DD/TTTT) (MIM/DD/TTTT)		LIMIT	0	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
					CXC D42183970 001	10/1/2017	10/1/2018	MED EXP (Any one person)	\$ 50,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ N/A
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$
	X	ALL OWNED SCHEDULED AUTOS			CXC D42183970 001	10/1/2017	10/1/2018	BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
A	(Man	datory in NH)			CXC D42183970 001	10/1/2017	10/1/2018	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES	RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Foreign Liability coverage for Boston University international operations

CERTIFICATE HOLDER	CANCELLATION					
Evidence of Coverage For Information Purposes	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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