

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/03/2024

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).

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PRO	DUCER				CONTACT NAME.						
MARSH USA LLC. 200 Public Square, Suite 3760					PHONE (A/C, No, Ext). FAX (A/C, No):						
Cleveland, OH 44114						E-MAIL					
	2000 0000000 C0334-000 V200			34	ADDRESS.				6439000000		
CNI	104200707 Minus Mad 24 25				INSURER(S) AFFORDING COVERAGE					NAIC#	
	101360767-Miami-Med-24-25				INSURER A Hudson Excess Insurance Company					25054	
Miami University					INSURER B ·						
	Attn. Rosanne Gulley 218 Roudebush Hall			St.	INSURER C						
l	501 E High Street	INSURER D									
Oxford, OH 45056						INSURER E :					
COVERAGES CERTIFICATE NUMBER:						INSURER F					
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES					006907856-11		REVISION NUMBER: 2		ICV DEDIOD	
C	IDICATED NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER I	OCUMENT WITH RESPEC	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	- W	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY		*****	**************************************		((11111)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR						3	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							8	MED EXP (Any one person)	\$		
							3	PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER.						8	GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC						3	PRODUCTS - COMP/OP AGG	\$		
	OTHER:						3		\$		
	AUTOMOBILE LIABILITY			:8		65	i i	COMBINED SINGLE LIMIT (Ea accident)	\$	i	
	ANY AUTO						3	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY						3	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY						3	PROPERTY DAMAGE (Per accident)	\$		
							3		\$		
	UMBRELLA LIAB OCCUR					~	,	EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						3	AGGREGATE	\$		
	DED RETENTION \$						2	anto-declaration of the control of t	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					tk i		PER OTH- STATUTE ER	() St		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT	\$		
		NA					3	E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						3	E.L. DISEASE - POLICY LIMIT	\$		
Α	Medical Malpractice			HCF 10213-070124		07/01/2024	07/01/2025	Per claim		1,000,000	
8600	Claims made basis, \$25,000 Ded					500.0 800.5 (200.000.0		Annual aggregate		3,000,000	
Lice dee	CRIPTION OF OPERATIONS / LOCATIONS / VEHICO nsed and supervisory staff, and students participating med covered by insurance. Requesting entity is listed	in univ	versity	sponsored internship program and p	oracticums ontract en	s, while operating tered into pnor to	within the scope of		al respons	sibilities, are	
CERTIFICATE HOLDER						CANCELLATION					
Miami University Attn: Rosanne Gulley 218 Roudebush Hall 501 E High Street Oxford, OH 45056						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					

March USA LLC



CERTIFICATE OF LIABILITY INSURANCE

7/9/2024

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_	nis certificate does not confer rights t	o the o	cert	ificate holder in lieu of su		10.00 (A.1.00	ı					
PRODUCER Arthur J Gallagher Risk Management Services, LLC						CONTACT NAME Caitlin Knoll						
	5 Highlandia Drive, Suite 200	Servic	ces,	, LLO	PHONE (A/C, No, Ext) 512-652-2445 FAX (A/C, No)							
Baton Rouge LA 70810						E-MAIL ADDRESS Cartlin_Knoll@ajg.com						
Contract.				1	INSURER(S) AFFORDING COVERAGE					NAIC #		
					INSURER A Inter University Council - Insurance Consortium							
10252000	JRED			IUC0000-01	INSURER B							
	amı University 1 E. High Street			3	INSURER C							
	8 Roudebush Hall			1	INSURE	R D						
Ox	ford OH 45056			3	INSURER E							
					INSURER F							
CO	VERAGES CER	TIFIC	ATE	NUMBER: 1153456935								
11 C	HIS IS TO CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA	EMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF AN	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS		
INSF	TYPE OF INSURANCE	ADDLS INSD \	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
Α	X COMMERCIAL GENERAL LIABILITY			IUCIC-GL-JULY 2024-2025		7/1/2024	7/1/2025	EACH OCCURRENCE	\$5,000	,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000			
	12 13 14 14 14 14 14 14 14 14 14 14 14 14 14							MED EXP (Any one person)	s Not C	overed		
	9 9 9 9							PERSONAL & ADV INJURY	\$5,000	,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$5,0		0,000		
	X POLICY PRO- JECT LOC							PRODUCTS COMP/OP AGG	\$ Includ	ded		
	OTHER.	98		6					\$			
Α	AUTOMOBILE LIABILITY	- 88		IUCIC-AL-JULY 2024-2025		7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000			
	X ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR						*	EACH OCCURRENCE	\$			
	DED RETENTION\$						AGGREGATE	s				
				6					\$			
Α	WORKERS COMPENSATION	1 8	IUCIC-GL-JULY 2024-2025			7/1/2024	7/1/2025	X PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							1	E.L. EACH ACCIDENT	\$5,000,000			
								E.L. DISEASE EA EMPLOYEE	\$5,000	,000		
				es .				E.L. DISEASE POLICY LIMIT	\$5,000,000			
Α	ELL/Professional Liability	- 80		IUC-IC-ELL JULY 2024-2025		7/1/2024	7/1/2025	Aggregate		000,000		
	(Claims Made)							Each Occurrence	\$5,00	000,000		
Re Ev	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Requesting entity is included as additional insured (except workers' compensation) where required by written contract entered into prior to loss Evidence of Coverage. General Liability policy applies only to students while working offsite in a curriculum required of a Miami University approved internship, practicum or work study, and continuing field work done in relation to same. You are included as an Additional Insured on the General Liability policy where											
pro	amı University is obligated as a result of a ovided by the General Liability policy	any co	ntra	ct or agreement entered in	to prior	to loss that re	equires Miam	i University to furnish insu	rance t	o you		
CERTIFICATE HOLDER						CANCELLATION						
Mıamı University Attn Rosanne Gulley						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	218 Roudebush Hall Oxford OH 45056				AUTHORIZED REPRESENTATIVE							