



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
07/02/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY MARSH USA LLC. 200 Public Square, Suite 3760 Cleveland, OH 44114	PHONE (A/C, No, Ext):	COMPANY Travelers Excess and Surplus Lines Company
CN101360767-MiaUn-Prop-25-26		
FAX (A/C, No):	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #:		
INSURED Miami University Attn: Rosanne Gulley 218 Roubush Hall 501 E High Street Oxford, OH 45056	LOAN NUMBER	POLICY NUMBER KTO-CMB-4S48919-5-25
	EFFECTIVE DATE 07/01/2025	EXPIRATION DATE 07/01/2026
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION Re: All campuses and other locations as required.
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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	<input type="checkbox"/>	BASIC	<input type="checkbox"/>	BROAD	<input checked="" type="checkbox"/>	SPECIAL	<input type="checkbox"/>
COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE							DEDUCTIBLE
Property Other deductibles may apply as per policy terms and conditions.	10,000,000							1,000,000

REMARKS (Including Special Conditions)

Limits shown are excess of the Self-Insured Retention. Requesting entity is listed as additional insured where required by written contract entered into prior to loss. Requesting entity is named as loss payee, as required by written contract with respect to property.

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.

ADDITIONAL INTEREST CLE-006502191-24	NAME AND ADDRESS MIAMI UNIVERSITY 218 ROUBUSH HALL OXFORD, OH 45056	ADDITIONAL INSURED MORTGAGEE	LENDER'S LOSS PAYABLE <input type="checkbox"/>	LOSS PAYEE
		LOAN #		
		AUTHORIZED REPRESENTATIVE <i>Marsh USA LLC</i>		

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY MARSH USA LLC.		NAMED INSURED Miami University Attn: Rosanne Gulley 218 Roudebush Hall 501 E High Street Oxford, OH 45056
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 27 **FORM TITLE:** Evidence of Property Insurance

Other deductibles:

Earth Movement \$1,000,000

Flood \$1,000,000

Special Flood Hazard Area up to \$1,500,000

Convective Storm (wind, hail other than Named Storm) \$1,000,000

Water Damage \$1,000,000 min

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