

PRODUCER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/17/2017

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).

CONTACT

		NAME:				
		PHONE (A/C, No, E		(A/C, No)	(541)	73-3994)
		E-MAIL ADDRESS:		om	1	
		INSURER(S) AFFORDING COVERAGE				NAIC#
-		INSURER A :Phila				
NSL	RED	INSURER B:				
		INSURER C:				
		INSURER D:				
		INSURER E:				
		INSURER F:				
_	VERAGES CERTIFICATE NUMBER:16/17 GL			REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD ICLUSIONS AND CONDITIONS OF SUCH POLICIES. MINITS SHOWN MAY HAVE	OF ANY CONTRACT	T OR OTHER	DOCUMENT WITH RESPI	ECT TO	WHICH THIS
ISR TR	TYPE OF INSURANCE ADDL SUBR INSURVED POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP	LIMIT	rs	
	X COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE X OCCUR		5/1/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	X PHPK1490257	5/1/2016		MED EXP (Any one person)	\$	5,000
				PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC			PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:				\$	
	AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO	5/1/2016	5/1/2017	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS			BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$	
					\$	
	UMBRELLA LIAB OCCUR			EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS MADE			ACCRECATE		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

N/A

Umpqua Community College is listed as additional insured respects to the general liability by written

contract RE:

DED WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

March 11, 2017

CERT	IEI	CAT	TE.	HOI	DED

Umpqua Community College P.O. Box 967 Roseburg, OR 97470

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVÉ OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

lf yes, describe under DESCRIPTION OF OPERATIONS below

## 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.

PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT \$

AUTHORIZED REPRESENTATIVE

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