

CERTIFICATE OF LIAB

JGALLUP

ILITY INSURANCE	DATE (MM/DD/YYYY) 8/16/2023									
AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS TEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES										
A CONTRACT RETWIEEN THE ISSUINC INCLIDE										

VITEUNI-01

C B	ERT ELC	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS ESENTATIVE OR PRODUCER, AI	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	вү тн	IE POLICIES	
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).												
PRODUCER							CONTACT Timothy Kakuska					
Robertson Ryan - La Crosse					PHONE (A/C, No, Ext): (608) 881-8494 1744 FAX (A/C, No):							
PO Box 547 La Crosse, WI 54602						E-MAIL ADDRESS: tkakuska@robertsonryan.com						
							INSURER(S) AFFORDING COVERAGE					
											NAIC #	
	INSURED											
	Viterbo University											
900 Viterbo Drive La Crosse, WI 54601					INSURER D :							
						INSURER E :						
							INSURER F :					
					ENUMBER:				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 NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			LD1D614515		7/1/2023	7/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	15,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
									PRODUCTS - COMP/OP AGG	\$	3,000,000	
		OTHER:								\$		
Α									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	Х	ANY AUTO			AW1D617105		7/1/2023	7/1/2024	BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
Α	Х	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	14,000,000		
		EXCESS LIAB CLAIMS-MADE			UH1D614517		7/1/2023	7/1/2024	AGGREGATE	\$		
		DED RETENTION \$	1							\$	14,000,000	
	wor	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	*		
	ANY								E.L. EACH ACCIDENT	\$		
	OFF (Mai	ICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE	*		
	If ye	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	¢		
	DES	ONE HON OF OF LIVETIONS DOW							L.L. DIGLAGE - FULICIT LIMIT	φ		
DEC		ION OF OPERATIONS / LOCATIONS / VEHIC			101 Additional Demodes Schools		ottoohed if as a					
						ie, indy by		e space is requi				
CERTIFICATE HOLDER 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.

AUTHORIZED REPRESENTATIVE

Ti Fakl

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