



CERTIFICATE OF LIABILITY INSURANCE

1

DATE (MM/DD/YYYY)
10/1/0/2013

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 Aon Risk Services of Texas (2) 2711 North Stone Street Suite 150 Dallas, TX 75209	CONTACT NAME: Jim Jones
	PHONE (A/C, No, Ext): 937 542 7713 (4) FAX (A/C, No): 937 542 7757
INSURED Simpson Roofing Company (3) 1170 Ghent Street Chicago, IL 60605	INSURER(S) AFFORDING COVERAGE
	INSURER A : Greater Insurance Company of Bowling Green (5)
	INSURER B : Whitney Excess Casualty Company (14) (20)
	INSURER C : Loyola General Insurance Company
	INSURER D : Beaker Indemnity
	INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
(6)	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			(7) GIC1231B-01	(8) 01/01/2013	(9) 01/01/2014	(10) <table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 1,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 1,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 1,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000		\$		
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A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			GIC1231BG-01	(11) 01/01/2013	(12) 01/01/2014	(13) <table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$						
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(15) B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			(16) WE0521CC-01	(17) 01/01/2013	(18) 01/01/2014	(19) <table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	AGGREGATE	\$		\$										
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C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input checked="" type="checkbox"/> Y/N <input type="checkbox"/> N/A			(22) LGIC0313-01	(23) 01/01/2013	(24) 01/01/2014	(25) <table border="1"> <tr><td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td><td></td><td>OTH-ER</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td></td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td></td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td></td><td></td></tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS		OTH-ER		E.L. EACH ACCIDENT	\$			E.L. DISEASE - EA EMPLOYEE	\$			E.L. DISEASE - POLICY LIMIT	\$		
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D	OTHER																						

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

Provide in this space:

-description of the location where the work or services will be performed on campus (26)

-the dates that the work will be conducted or the services will be performed.

-The University of Dayton must be additionally insured. Please state this clause here. Refer to the attached "Minimum Insurance Requirements" document for the specific coverage description

CERTIFICATE HOLDER

CANCELLATION

The University of Dayton (27) 300 College Park Dayton, Ohio 45469-2904	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. (28)
	AUTHORIZED REPRESENTATIVE Ronald J. Martel (29)

How to Read a Certificate of Insurance

The numbers outlined below correspond to blocks of information on the same Acord form Certificate of Insurance.

1. Date the Certificate of Insurance is prepared. (\$1,000,000), fire damage liability (\$1,000,000) and medical payment per person (\$5,000). Limits may often be shown in “thousands” of dollars rather than the completed dollar amount. Check the format carefully.
2. Producer is the insurance broker that wrote the insurance policy(ies) for the insured.
3. Insured is the person or entity for whom the insurance policy is written, and to which primary insurance coverage is extended.
4. Contact information for the Producer.
5. Insurance company providing commercial general liability insurance coverage to the insured.
6. Boxes marked indicate the type of general liability coverage and whether coverage is extended on a “claims made” or occurrence” basis (commercial general liability insurance on an occurrence basis).
7. Commercial general liability policy number (GIC 1231 BG-01)
8. Date on which the commercial general liability insurance policy became effective (01/01/2013)
9. Date on which the commercial general policy will expire (01/01/2014)
10. Commercial general liability insurance limits which include the general aggregate amount (\$1,000,000), products/completed operations aggregate amount (\$1,000,000), each occurrence (\$1,000,000) personal and advertising injury amount
11. Date on which the automobile liability policy became effective (01/01/2013)
12. Date on which the automobile liability policy expires (01/01/2014)
13. Automobile liability limits for bodily injury and property damage outlined either in combined form or separately
14. Insurance company(ies) (providing excess liability insurance, i.e., layers above commercial general liability insurance
15. Boxes specify whether or not the excess liability coverage is written in Umbrella liability
16. Umbrella liability insurance policy number (WE052ICC-01)
17. Date(s) on which the Umbrella policy(ies) became effective (01/01/2013)
18. Date(s) on which the Umbrella policy(ies) expires (01/01/2014)
19. Umbrella liability or Excess liability limits for each occurrence and in aggregate (\$2,000,000)
20. Insurance company providing workers’ compensation and employers’ liability insurance

21. Boxes marked indicate whether or not there is worker's compensation liability coverage
22. Workers' compensation insurance policy number (LGIC0313-01)
23. Date on which the worker's compensation policy became effective (01/01/2013)
24. Date on which the workers' compensation policy expires (01/01/2014)
25. Worker's compensation/employers' liability insurance limits (statutory [Ohio] limits)
26. Special descriptions and requirements are included such as location site, additional insured, waivers, dates work or services is scheduled to be performed, etc.
27. A certificate holder is simply the person or company to whom the Certificate of Insurance is being mailed. No rights, privileges or insurance coverage's are extended to a certificate holder.
28. The cancellation clause outlines the terms for providing notice about cancellation of the policy

Contracts and agreements typically require a minimum of 30 days' written notice of policy cancellation, the language in the section must be modified to meet our requirements. We require the insured to provide a certificate that either deletes or strikes through the language "endeavor to" and "but failure to mail such notice shall impose no

obligation or liability of any kind upon the company, its agents or representatives"

29. The insurance broker signs the original certificate as an authorized representative.