

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

								5	/4/2018	
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										
Alliant Insurance Services Inc						CONTACT NAME: Susan Sgroi PHONE and				
Bob Corwin 701 B Street. 6th floor					PHONE (A/C, No, Ext): 619-849-3943 E-MAIL ADDRESS: ssgroi@alliant.com					
San Diego CA 92101					INSURER(S) AFFORDING COVERAGE			NAIC #		
					INSURER A : CSURMA AORMA			0		
SDSURES-02 SDSURES-02				-	INSURER B :					
Research Foundation 5250 Campanile Drive						INSURER D :				
San	Diego CA 921821949					INSURER E :				
COVERAGES CERTIFICATE NUMBER: 1772359167 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)	LIMITS		
_								EACH OCCURRENCE \$ DAMAGE TO RENTED		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
G	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
_	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		
A A				AORMA-17-18-01		7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$5,000	000	
)	ANY AUTO							BODILY INJURY (Per person) \$		
	AUTOS AUTOS							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$		
-	A HIRED AUTOS AUTOS							(Per accident) \$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
w	DED RETENTION \$							PER OTH- STATUTE ER		
A	ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT \$		
(N	IFFICER/MEMBER EXCLUDED? Mandatory in NH) yes, describe under	N/ A						E.L. DISEASE - EA EMPLOYEE \$		
D	ESCRIPTION OF OPERATIONS below			AORMA-17-18-01		7/1/2017	7/1/2018	E.L. DISEASE - POLICY LIMIT \$ Comp Ded \$1,000	<u>ר</u>	
						11112011	111/2010	Coll Ded \$1,00	Ď	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proof of coverage										
CERTIFICATE HOLDER CAN							ANCELLATION			
SDSU Research Foundation 5250 Campanile Dr. San Diego CA 92182-1949					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					

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