



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/20/2024

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 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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 235 Highlandia Drive Suite 200 Baton Rouge LA 70810	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 225-292-3515		<b>FAX (A/C. No.):</b> 225-292-3893	
	<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b> William Marsh Rice University Attn: Risk Management P.O. Box 1892 Houston TX 77251-1892	RICEUNI-02		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
			<b>INSURER A:</b> United Educators Ins, a Reciprocal Risk Retention	10020
			<b>INSURER B:</b> Travelers Property Casualty Co of America	25674
			<b>INSURER C:</b> The Travelers Indemnity Company of CT	25682
			<b>INSURER D:</b> Farmington Casualty Company	41483
			<b>INSURER E:</b> Travelers Indemnity Company	25658
		<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 605911157

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	S29-60B	7/1/2024	7/1/2025	EACH OCCURRENCE	\$ 650,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ Included
							GENERAL AGGREGATE	\$ 2,600,000
							PRODUCTS - COMP/OP AGG	\$ Included
							SIR	\$ 350,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	TC2J-CAP-8R812131-TIL-24 TJ-BAP-8R812143-TIL-24	7/1/2024 7/1/2024	7/1/2025 7/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 1,000,000	Y	Y	S29-60B	7/1/2024	7/1/2025	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C D E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Worker's Compensation	Y/N <input type="checkbox"/>	N/A	UB-6T229562-23-51-G UB-6T230641-23-51-K UB-6T234399-23-51-R	7/1/2024 7/1/2024 7/1/2024	7/1/2025 7/1/2025 7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 SIR \$ 250,000

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

Certificate Holder is included as additional insured under the General Liability and Automobile Liability policies, pursuant to and subject to the policy's terms, definitions, conditions and exclusions and where required by written contract. The insurance provided in the General Liability and Auto Liability policies are primary and not contributing pursuant to and subject to the policy's terms, definitions, conditions and exclusions and where required by written contract. Blanket Waiver of Subrogation applies to certificate holder, as respects General Liability, Auto Liability, Excess and Workers Compensation policies, pursuant to and subject to the policy's terms, definitions, conditions and exclusions and where required by written contract. Certificate Holder is Alternate Employer on the Workers' Compensation policy, pursuant to and subject to the policy's terms, definitions, conditions and exclusions, when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance	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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