

**NRAUMIN** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/20/2024

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).

PRO	DUCE	R					CONTA NAME:	<sup>c⊤</sup> Carrie W	ilson					
Vaaler Insurance, A Marsh & McLennan Agency LLC Company PO Box 12848 Grand Forks, ND 58208-2848								PHONE (A/C, No, Ext): (701) 775-3131 2003 FAX (A/C, No): (701) 775-4020						
								E-MAIL ADDRESS: Carrie.Wilson@MarshMMA.com						
							INSURER(S) AFFORDING COVERAGE					NAIC #		
								INSURER A : COPIC Insurance Company					11860	
INSURED School of Medicine & Health Sciences								INSURER B:						
								INSURER C:						
University of North Dakota 1301 N. Columbia Road, Stop 9037, Room E468							INSURER D:							
Grand Forks, ND 58202-9037  COVERAGES CERTIFICATE NUMBER:								INSURER E :						
								INSURER F:						
								REVISION NUMBER:						
IN C	IDIC/ ERTI	ATED. NOTWITHS' FICATE MAY BE IS	TANDING ANY R SSUED OR MAY	EQUI PER	REM TAIN,	SURANCE LISTED BELOW I ENT, TERM OR CONDITION , THE INSURANCE AFFOR	N OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER IES DESCRIE	R DOCUMENT WI SED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS	
INSR							BEEN REDUCED BY PAID CLAIMS.  POLICY EFF POLICY EXP							
LTR A	TYPE OF INSURANCE				SUBR WVD	POLICY NUMBER	POLICY NUMBER		(MM/DD/YYYY)			1,000,000		
^	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR					HND0000029		7/1/2024	7/1/2025	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$			Included	
													5,000	
										MED EXP (Any one person) \$			Included	
	<u> </u>									PERSONAL & ADV		\$	5,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC									GENERAL AGGRE		\$	5,000,000	
	JECI									PRODUCTS - COM	G	\$	1,000,000	
	OTHER:  AUTOMOBILE LIABILITY									COMBINED SINGL	FLIMIT	\$ \$		
	ANY AUTO									(Ea accident)  BODILY INJURY (F		\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS									BODILY INJURY (F		\$ \$		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$ \$		
		AUTOS ONLY	AUTOS ONLY							(Fer accident)		\$ \$		
Α	X UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE									EACH OCCURREN		\$ \$	1,000,000	
						UND0000030		7/1/2024	7/1/2025	AGGREGATE \$			1,000,000	
		DED X RETENTION	ON \$ 10,000							AGGREGATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below									PER STATUTE	OTH- ER	Ψ		
										E.L. EACH ACCIDE		\$		
										E.L. DISEASE - EA		*		
										E.L. DISEASE - POLICY LIMIT \$				
Α	Professional Liab HND0000029				HND0000029		7/1/2024	7/1/2025	Per Claim		*	1,000,000		
Α	Professional Liab					HND0000029		7/1/2024	7/1/2025	Aggregate			5,000,000	
				LES (	ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)				
		Liability - Occureno onal Liability - Clai		LLim	ite									
	COOK	onal Elability - Olai	ms wade/onared		113									
Evic	lence	of General/Profes	ssional & Umbrel	la Lia	bility	y coverage for the Named I	nsured	l.						
CERTIFICATE HOLDER								CANCELLATION						
								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
		School of Me	edicine & Health	Scie	ences	S	ACCORDANCE WITH THE POLICY PROVISIONS.							

ACORD 25 (2016/03)

1301 N. Columbia Road, Stop 9037, Room E468

**University of North Dakota** 

Grand Forks, ND 58202-9037

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**AUTHORIZED REPRESENTATIVE**