Attachment A

CERTIFICATE OF INSURANCE .

Issue Date (MM/DD/YY) ☐

☐ **PRODUCER**	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OT ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	COMPANIES AFFORDING COVERAGE
	COMPANY LETTER A must be rated A- VII or better by AM Best
INSURED Tenant User: Name Tenant User: Address:	**COMPANY LETTER B**
	COMPANY LETTER C
	COMPANY LETTER D
	COMPANY LETTER E

COVERAGES

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 HEREINIS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS	
x	GENERAL LIABILITY ☐ COMM. GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCC. ☐ OWNER'S & CONTRACT'S PROT ☐ _____	xxxxxxxxxx	xxxxxxxxx	xxxxx	GENERAL AGGREGATE	2,000,000
					PROD-COMP/ OP AGG.	1,000,000
					PERS. & ADV. INJURY	1,000,000
					EACH OCCURANCE	1,000,000
					FIRE DAMAGE (One Fire)	1,000,000
					MED. EXP. (One Per)	10,000
x	AUTOMOBILE LIABILITY X ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS ☐ GARAGE LIABILITY	xxxxxxxxx	xxxxxxxxx	xxxxxxxxx	COMBINED SINGLE LIMIT	1,000,000
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident0	
					PROPERTY DAMAGE	
x	EXCESS LIABILITY X UNMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM	xxxxx	xxxxxxxx	xxxxxxxxx	EACH OCCURRENCE	5,000,000
					AGGREGATE	5,000,000
x	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	xxxxxxxx	xxxxxxxxx	xxxxxxxxx	x STATUTORY LIMITS	
					EACH ACCIDENT	500,000
					DISEASE-POLICY LIMITS	500,000
					DISEASE-EACH EMP.	500,000
x	OTHER Sexual Abuse and Molestation	Xxxxxxxxxx	Xxxxxxxxx	Xxxxxxxxx	Claims-Made basis	500,000
x	Contractual Liability Coverage	xxxxxxxxxx	xxxxxxxxx	xxxxxxxxx	Each Occurrence	1,000,0000

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS

Skidmore College,and its officers, employees, agents, and volunteers are included as additional insureds (ISO Form CG 2010, 11/85 Edition or equivalent) as respects to executed contracts with Skidmore College, its successors and/or assigns. This insurance is primary as respects to all other insurance or self insurance in force.30 days notices of cancellation.

CERTIFICATE HOLDER	**CANCELLATION**
Skidmore College 815 North Broadway Saratoga Springs, NY 12866	**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL_____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.**
	AUTHORIZED REPRESENTATIVE

ACORD 25-S