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| AC | ORD |
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SAMPLE ONLY - Neuroscience 2019

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| | | | | | | ××/ | /xx/2019 | | |
|--|--|-------------------|--------------------------------------|---|----------------------------|--|------------------------|--|--|
| 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 CONTAC NAME: | | | | | | | | | |
| | ent/Broker Name | | | PHONE FAX (A/C, No, Ext): Information (A/C, No): | | | | | |
| | eet Address | | | E-MAIL ADDRESS: | | | | | |
| City, State, Zipcode | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | |
| | | | | INSURER A : Insurance Comany Name Code | | | | | |
| INSU | JRED | | | INSURER B : | | | | | |
| | Exhibiting/Parent Company Name | | | | | | | | |
| Exh | nibiting Company Name, if Parent Co | mpan | y First Named Insured | INSURER C : | | | | | |
| Stre | eet Address | | | INSURER D : | | | | | |
| City, State, Zipcode | | | INSURER E : | | | | | | |
| | | | | INSURER F : | | | | | |
| _ | | | TE 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 | | ADDL SU | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| A | | | | | | EACH OCCURRENCE \$ | 000,000 | | |
| | CLAIMS-MADE X OCCUR | | | | | DAMAGE TO RENTED | 1.000.000 | | |
| | | x | policy number xxx-xxx | | | | 1,000,000 | | |
| | | <u>~</u> (| Y policy number xxx-xxx | xx/xx/19 | xx/xx/20 | | | | |
| | | | | | | PERSONAL & ADV INJURY \$ | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | 2,000,000 | | |
| | X POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG \$ | | | |
| | OTHER: | | | | | \$ | | | |
| A | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | <mark>1,000,000</mark> | | |
| | ANY AUTO | X Y policy number | | wyhow/10 | xx/xx/20 | BODILY INJURY (Per person) \$ | | | |
| | ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED | | policy number xxx-xxx | xx/xx/19 | | BODILY INJURY (Per accident) \$ | | | |
| | × HIRED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | | | |
| | AUTOS | | | | | (Per accident) \$ | | | |
| | | | | | | | | | |
| | | | | | | EACH OCCURRENCE \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE \$ | | | |
| | DED RETENTION \$ | | | | | \$ | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | policy pumber way way | | | X PER OTH- STATUTE ER | | | |
| | | N/A | policy number xxx-xxx | xx/xx/19 | xx/xx/20 | | 1,000,000 | | |
| | (Mandatory in NH) | | | | | E.L. DISEASE - EA EMPLOYEE \$ | 1,000,000 | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | 1,000,000 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (AC | ORD 101. Additional Remarks Schedu | le, may be attached if mor | re space is requir | red) | | | |
| | | • | | · • | | • | | | |
| | ociety for Neuroscience and SMG, M | | | | | | | | |
| officers, board members, and employees of these entities are included as Additional Insureds on all Liability policies except Workers' Compensation with respect to Neuroscience 2019 from 10/16/2019 through 10/24/2019. Liability coverage is primary and non- | | | | | | | | | |
| | | | | Jugh 10/24/2019. | | rerage is primary and nor | - | | |
| contributory and Waiver of Subrogation applies. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | CANCELLATION | | | | | |
| | | | | | | | | | |
| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | | | | |
| Society for Neuroscience THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | | | | | |
| 1121 14th Street, N.W. | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| Suite1010 | | | | | | | | | |
| Washington, DC 20005 | | | | | | | | | |
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