Client#: 36298 ALLRE

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/06/2015

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).

certificate florider in fied of such chaof sement(s).					
PRODUCER	CONTACT NAME:				
Scott Danahy Naylon LLC	PHONE (A/C, No, Ext): 716 633-3400 FAX (A/C, No): 716-633-4306				
300 Spindrift Drive	E-MAIL ADDRESS:				
Williamsville, NY 14221	INSURER(S) AFFORDING COVERAGE NA	IC#			
716 633-3400	INSURER A: Great American E&S Insurance Co				
INSURED	INSURER B:				
All Registered Student Organizations of	INSURER C:				
Yale University ETAL**	INSURER D:				
2 Whitney Avenue, 6th Floor	INSURER E:				
New Haven, CT 06511	INSURER F:				

COVERAGES CERTIFICATE 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.

	TYPE OF INSURAN	CE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY		Χ	Х	PL443369102	07/01/2015	07/01/2017		\$1,000,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
X BI/PD Ded:1,000								MED EXP (Any one person)	\$
Per Claim Incl LAE		E						PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:		IES PER:						GENERAL AGGREGATE	\$2,000,000
X POLICY PRO- JECT LOC		LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
OTHER:								Tot Gen Agg	\$10,000,000
AUTOMOBILE LIABILITY			Χ		PL443369102	07/01/2015	07/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ANY AUTO								BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
X								PROPERTY DAMAGE (Per accident)	\$
									\$
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION							PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE			NI / A					E.L. EACH ACCIDENT	\$
(Mandatory in NH)			N/A					E.L. DISEASE - EA EMPLOYEE	\$
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$
	X GEN X AUT WOR AND AND AND (Man (Man	CLAIMS-MADE X X BI/PD Ded:1,000 Per Claim Incl LA GEN'L AGGREGATE LIMIT APPL X POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND PROPRIETOR/PARTINER; OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded:1,000 Per Claim Incl LAE GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR X BI/PD Ded:1,000 Per Claim Incl LAE GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION ANY PROPEITOR/PROFILED AUTOS WORKERS COMPENSATION ANY PROPEITOR/PARTINER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded:1,000 Per Claim Incl LAE GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY MOY PROPIETOR/PARTINER/EXECUTIVE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BI/PD Ded:1,000 Per Claim Incl LAE GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS VORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY X X X PL443369102 07/01/2015 CLAIMS-MADE X OCCUR X BI/PD Ded:1,000 Per Claim Incl LAE GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) I vs. describe under	TYPE OF INSURANCE INSURANC	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X DOCUR X BI/PD Ded:1,000 Per Claim Incl LAE GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS WORKERS COMPENSATION BOD RETENTIONS WORKERS COMPENSATION NON-OWNED DED RETENTIONS WORKERS COMPENSATION NON-A MOLOWNED AND EMPLOYERS' LIABILITY N/A NON-OWNED MED EXP (Any One person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Tot Gen Agg Tot Gen Agg O7/01/2015 O7/01/2015 O7/01/2017 COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) PROPERTY DAMAGE (Per accident) PROPERTY DAMAGE (Per accident) PER COTH- STÂTUTE EL. EACH ACCIDENT EL. EACH ACCIDENT EL. DISEASE - EA EMPLOYEE INMIT WAND AMPLOYERS' LIABILITY N/A NY POPRIETOR PARTNER EXECUTIVE (Mandatory in NH) It ves, describe under

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

All Dwight Hall at Yale Organizations, All Clubs, Classes and Shared Interest Groups of the Association of Yale Alumni

If required in a written contract or agreement, the Liability coverage extends to include the party(ies), (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION		
For Evidence Purposes Only	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		
	Alan Luckenbush		

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^{**} Named Insured Cont'd **

DESCRIPTIONS (Continued from Page 1)
as designated in the contract. The coverage is provided in accordance with the policy provisions for the Liability policy with regard to the negligent acts of the named insured. If required in a written contract or agreement, the liability coverage extends to include the party(ies) as designated in the contract. The coverage is provided in accordance with the policy provisions for the liability policy with regard to the negligent acts of the named insured.