

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/28/2023

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.

	SUBROGATION IS WAIVED, subje	ct to	the	terms and conditions of	the policy, c ch endorsen	ertain po			nt. As	tatement on	
PRODUCER SDN Insurance Agency, LLC 6215 Sheridan Drive Amherst, NY 14221						CONTACT NAME: PHONE (A/C, No, Ext): (716) 633-3400 E-MAIL ADDRESS: postmaster@sdnins.com					
						INSURER(S) AFFORDING COVERAGE					
					INSURER A : C	olony l	nsurance (Company			
INSURED						INSURER B : Great American E&S Insurance Company					
All Registered Student Organizations of Yale University						INSURER C:					
2 Whitney Avenue, 6th FI					INSURER D:						
New Haven, CT 06511						INSURER E :					
						INSURER F:					
				E NUMBER:				REVISION NUMBER:	TUE DO		
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF ANY CO DED BY THE BEEN REDUC	ONTRACT POLICIE ED BY PA	FOR OTHER S DESCRIBE AID CLAIMS.	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR	I TPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLIC (MM/DI	CY EFF D/YYYY) (I	POLICY EXP MM/DD/YYYY)	LIMI	TS		
Α	CLAIMS-MADE X OCCUR			103GL0201362-01	7/1/20	2022	7/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000	
								MED EXP (Any one person)	\$	(
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	10,000,000	
	POLICY PRO- LOC All Designated Location Aggrega							PRODUCTS - COMP/OP AGG	\$	Included	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			103GL0201362-01	7/1/202	2022	7/1/2024	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
В	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
	X EXCESS LIAB CLAIMS-MADE			XS1744660-06	7/1/2023	2023	7/1/2024	AGGREGATE	\$	4 000 000	
	DED RETENTION\$							Aggregate PER OTH-	\$	1,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						-	PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					Г	E.L. EACH ACCIDENT	\$		
	If ves. describe under							E.L. DISEASE - EA EMPLOYE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DFS	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	⊥ D 101. Additional Remarks Schedu	le, may be attach	ed if more	space is require	ed)			
**Na	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Imed Insured Continued" All Dwight Ha	II at Y	ale C	Organizations, All Clubs, Cl	asses and Sh	nared Inte	erest Groups	of the Association of	ale Alu	ımni	
lf re	quired in a written contract or agreeme	nt, th	e gen	neral liability extends to inc	lude the part	y(ies) as	designated	in the contract. The co	verage	is provided in	
acco	ordance with the policy provisions for t	he ge	nera	I liability with regard to the	negligent act	ts of the	Named Insu	red.			
CERTIFICATE HOLDER						CANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
	FOR EVIDENCE PURPOSES ONLY					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

ACORD 25 (2016/03)

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AUTHORIZED REPRESENTATIVE