



CSKIDMORE

DATE (MM/DD/YYYY) 10/20/2022

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.

tł	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER				CONTACT NAME:							
Lowry Insurance PO Box 30517						PHONE (A/C, No, Ext): (704) 332-8871 FAX (A/C, No):						
Charlotte, NC 28230						E-MAIL ADDRESS: Info@lowryassoc.com						
	•							RDING COVERAGE		NAIC#		
					INSURE	RA: Ohio Se				24082		
INSL	RED				INSURE	:R B :						
	Consortium for Computing	Scier	ices	in Colleges	INSURE							
	450E Flarsheim Hall 5110 Rockhill Rd				INSURE							
	Kansas City, MO 64110				INSURE							
	•				INSURE							
СО	VERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	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		ADDL	SUBR		DEEINF	POLICY EFF	POLICY EXP					
A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		1,000,000		
	CLAIMS-MADE X OCCUR			BLS56369280	1 056360300		11/0/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
	CLAIIVIG-IVIADE A OCCUR			DL33030320U		11/8/2022	11/8/2023		\$	15,000		
								MED EXP (Any one person)	\$	1,000,000		
								PERSONAL & ADV INJURY	\$	2,000,000		
	<b>X</b> POLICY PROJECT LOC							GENERAL AGGREGATE	\$	2,000,000		
								PRODUCTS - COMP/OP AGG		_,,,,,,,,		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYER	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)				
^F	OFFICIATE HOLDER											
CE	RTIFICATE HOLDER				CANC	ELLATION						
	"For Information Only" (A V HOLDERS NAME & ADDRE REQUEST OF INSURED)				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	,		RIZED REPRESE	NTATIVE								



ACORD.

# **CERTIFICATE OF LIABILITY INSURANCE**

CSKIDMORE

DATE (MM/DD/YYYY) 10/20/2022

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).

DECOMPTIONS OF THE POLICY PROJECT TO HIGH THIS SESSOR OF THE POLICY PROJECT TO HIGH THIS THE POLICY PROJECT TO HIGH THIS SESSOR OF THE POLICY PROJECT TO HIG		nis certificate does not confer rights to							require an end	orsemen	l. AS	statement on		
LOWER INSURED STATES AND A STAT	PRC	DDUCER												
CONSTRUMENT OF COMPUTING Sciences in Colleges  ASSESSED TO CONSTRUM For Computing Sciences in Colleges  450F Flarsheim Hall 5110 Rockhill Rd Kanasa City, Mo 64110  **SUBJECT OF SCHOOL														
INSURER IS AFFORMS COVERAGE  CONSORTIUM FOR Computing Sciences in Colleges 450E Flarsheim Hall 510 Rockhill Rd Kanasa City, MO 64110  CEVERAGES  CERTIFICATE NUMBER:  CERTIFICATE NUMBER:  CERTIFICATE PULIPER PERCE  REVISION NUMBER:  REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NU			E-PAREs. Info@lowryassoc.com											
NBURED Consortium for Computing Sciences in Colleges 450E Flarsholm Hall 5110 Rockhill IRd Kanase City, Mo 6410  REMURED 1.  NBURER 0: NBURER 0: NBURER 1: NBURER 0: N		•	7122112						NAIC#					
MUNRER 8:  MINURER 9:  MINURER			INSURE											
COVERAGES CERTIFICATE NUMBER: RESURER 1: RESURER 2: REVISION NUMBER: REVIS	INSU	JRED						,						
## ASPE Flarisheim Hall STID ROCKMIR RO KARNSS CITY, NO 64110    MAINSS CITY, NO 64110   MAINSS CITY, NO 64110			cier	ices i	in Colleges									
COVERAGES  CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PERIOD MICHAELD. NOWTHISTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENTH HESPECT TO WHICH THIS EXCUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMMS.  A COMMERCIAL GENERAL LABBILITY  A COMMERCIAL GENERAL LABBILITY  B LEAGH OCCURRENCE S 1,000,000  GENT. AGORGOATE LIMIT APPLIES PER LOC  OTHER  AUTOMOBILE LIMIT APPLIES PER LOC  OTHER  OTHER LOCALISATION  AUTOMOBILE LIMIT APPLIES PER LOC  OTHER LOCALISATION  AUTOMOBILE LIMIT APPLIES PER LOCALISM AUTOMOBILE APPLIES PER LOCALISM AUTOMOBILES BE CANCELLED BEFORE  THE SECRETIFICAL ACTUAL AUTOMOBILES														
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 PERITAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A TYPE OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A X COMMERCIAL GENERAL LIBRILITY  A X COMMERCIAL GENERAL LIBRILITY  BLS56369280		• ·												
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 PERITAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A TYPE OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  A X COMMERCIAL GENERAL LIBRILITY  A X COMMERCIAL GENERAL LIBRILITY  BLS56369280	CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUI	MBER:				
TYPE OF INSURANCE  A X COMMERCIAL GREATAL LIABILITY  CLAIMS-HADE X OCCUR  CLAIMS-HADE X OCCUR  CLAIMS-HADE X OCCUR  BLS56369280  11/8/2022  11/8/2023  11/8/2022  11/8/2023  11/	IN C	NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WI	TH RESPE	CT TC	O WHICH THIS		
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X	INSR					DELIVI	POLICY EFF	POLICY EXP		LIMIT				
BLSS6369280  11/8/2022  11/8/2022  11/8/2023  DAMAGE TO RENTED SOURCEMENTS ITS CONTENTS SOURCE SOURC			INSD	WVD	TOLIOT NOMBER		(MIM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCUPREN			1,000,000		
RESONAL ADD INJURY S 1,000,000 GENERAL AGGREGATE LIMIT APPLIES PER:  X POLICY FED LOC  DITHER  AUTOMOBILE LIABILITY  ANY AUTO  OWNED  AUTOS ONLY  BEACH OCCURRENCE  S  AGGREGATE  S  AGGREGATE  S  BEACH OCCURRENCE  S  BEACH					BLS56369280		11/8/2022	11/8/2023	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)				
GENT AGGREGATE LIMIT APPLIES PER:    PRODUCT   PEC									MED EXP (Any one	person)	\$	<u> </u>		
Comparison   Com		<u> </u>							PERSONAL & ADV	INJURY	\$			
AUTOMOBILE LABILITY  ANY AUTO  ANY AUTOS  BOOLLY NULIFY (Per person). \$  Per accident). \$  Per accident). \$  Per accident). \$  AUTOS ONLY  BERDIETTO OTH-  STATULE  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  BERDIETTO OTH-  STATULE  AUTOS ONLY  AUTOS ONLY  BERDIETTO OTH-  STATULE  AUTOS ONLY  AUTOS ONLY  BERDIETTO OTH-  STATULE  AUTOS ONLY  BERDIETTO OTH-  STATULE  STATULE  AUTOS ONLY  BERDIETTO OTH-  STATULE  STATULE  AUTOS ONLY  BERDIETTO OTH-  BERDIETTO OTH-  STATULE  STATULE  STATULE  BERDIETTO OTH-  AUTOS ONLY  BERDIETTO OTH-  BERDIETTO OTH-  STATULE									GENERAL AGGRE	GATE	\$			
AUTOMOBILE LIBRATIVE  AND AUTO  AVAITO  AVAITO  AVAITO  AVAITOS ONLY  BODILY INJURY (Per person)  \$ BODILY INJURY (Per person)									PRODUCTS - COM	P/OP AGG		2,000,000		
OWNED AUTOS ONLY BEDIEVE BEDI		AUTOMOBILE LIABILITY								E LIMIT	\$			
HIRDO ONLY MONOWNED PROPERTY DAMAGE (Per accident) S  UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR CLAMIS-MADE DED RETENTION S  WORKERS COMPENSATION AND EMPLOYERS LIABLING BEL LEACH ACCIDENT S EL DISEASE - FO LICY LIMIT S  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Event on Oct 4-5, 2019 Certificate holder is included as additional insured per written contract or agreement.  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIWERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE									BODILY INJURY (P	er person)	\$			
UMBRELLA LIAB CCLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED RETENTION S SETENTION S SETENTION S SETENTION S SETENTION S SETENTION S STATUTE SETENTION SETENTION SETENTION SETENTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Re: Event on Oct 4-5, 2013  CERTIFICATE HOLDER  CERTIFICATE HOLDER  CANCELLATION  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		OWNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$			
UMBRELLA LIAB CCLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED RETENTION S SETENTION S SETENTION S SETENTION S SETENTION S SETENTION S STATUTE SETENTION SETENTION SETENTION SETENTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Re: Event on Oct 4-5, 2013  CERTIFICATE HOLDER  CERTIFICATE HOLDER  CANCELLATION  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		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$			
EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPRISATION \$  WORKERS COMP											\$			
DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER REXCUTIVE OFFICE MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Re: Event on Oct 4-5, 2019  Certificate holder is included as additional insured per written contract or agreement.  CERTIFICATE HOLDER  CANCELLATION  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		UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$			
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTINE/PRESCULIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Event on Oct 4-5, 2019 Certificate holder is included as additional insured per written contract or agreement.  CERTIFICATE HOLDER  CANCELLATION  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		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
ANY PROPRIETORIPARTINER/EXECUTIVE Y.N BL. DISEASE - BAMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$  E.L. DISEASE - POLICY LIMIT \$  E.L. DISEASE - POLICY LIMIT \$  E.L. DISEASE - POLICY LIMIT \$  CANCELLATION  CERTIFICATE HOLDER  CANCELLATION  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											\$			
ANY PROPRIETOR/PARTNEREXECUTIVE OFFICER/MEMBER EXCLUDED? (IMANDATORY IN HI) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Event on Oct 4-5, 2019  Certificate holder is included as additional insured per written contract or agreement.  CERTIFICATE HOLDER  CANCELLATION  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		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
Mandatory in NR)  If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate holder is included as additional insured per written contract or agreement.  CERTIFICATE HOLDER  CANCELLATION  CANCELLATION  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		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Re: Event on Oct 4-5, 2019 Certificate holder is included as additional insured per written contract or agreement.  CERTIFICATE HOLDER  CANCELLATION  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		(Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$			
Re: Event on Oct 4-5, 2019 Certificate holder is included as additional insured per written contract or agreement.  CERTIFICATE HOLDER  CANCELLATION  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		DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$			
Re: Event on Oct 4-5, 2019 Certificate holder is included as additional insured per written contract or agreement.  CERTIFICATE HOLDER  CANCELLATION  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														
Re: Event on Oct 4-5, 2019 Certificate holder is included as additional insured per written contract or agreement.  CERTIFICATE HOLDER  CANCELLATION  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														
Re: Event on Oct 4-5, 2019 Certificate holder is included as additional insured per written contract or agreement.  CERTIFICATE HOLDER  CANCELLATION  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														
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	Re:	Event on Oct 4-5, 2019					e attached if mor	e space is requir	ed)					
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	CF	RTIFICATE HOLDER				CANCELLATION								
	<u> </u>	Benedictine University 5700 College Rd	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN											

ACORD 25 (2016/03)





CSKIDMORE

DATE (MM/DD/YYYY) 10/20/2022

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.

	certificate does not confer rights t							require an endorsemen	i. A 5	tatement on	
PRODU	CER				CONTACT NAME: PHONE (A/C, No, Ext): (704) 332-8871  FAX (A/C, No):						
	Insurance										
	ox 30517 otte, NC 28230				E-MAIL ADDRESS: Info@lowryassoc.com						
	,				7,55,112			RDING COVERAGE		NAIC#	
					INSURF	RA: Ohio Se				24082	
INSURE	ED				INSURE		,				
	Consortium for Computing	Scien	ces i	in Colleges	INSURE						
	450E Flarsheim Hall 5110 Rockhill Rd				INSURE						
	Kansas City, MO 64110				INSURE						
	,,				INSURE						
COVE	ERAGES CER	TIFIC	ΔTF	NUMBER:				REVISION NUMBER:			
INDI CER	S IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUII PER1	REME ΓΑΙΝ,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TC	WHICH THIS	
INSR	TYPE OF INSURANCE	ADDL INSD			DEEN	POLICY EFF	POLICY EXP	LIMIT	<u> </u>		
A )	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
\ \	CLAIMS-MADE X OCCUR			DI 856260290		44/9/2022	11/8/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
<u> </u>	OD MINO IN DE A COOK			BLS56369280	11/8/2022	11/0/2023	· ·	\$	15,000		
-								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  PRO- PRO- LOC							GENERAL AGGREGATE	\$	2,000,000	
<b> </b>								PRODUCTS - COMP/OP AGG	\$	_,,,,,,,	
	OTHER:							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$		
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EAGU GOOUDDENGE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							AGGREGATE	\$ \$		
w	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	φ		
	ND EMPLOYERS' LIABILITY  NY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	FFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
If	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ \$		
U	ESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	Ф		
	PTION OF OPERATIONS / LOCATIONS / VEHIC ent April 1st & 2nd, 2022	LES (A	CORD	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requir	red)			
CFRT	TIFICATE HOLDER				CANO	ELLATION					
Pace University Pleasantville Campus 861 Bedford Rd						ULD ANY OF	N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I Y PROVISIONS.			
	Pleasantville, NY 10570				When M Lam						





**CSKIDMORE** 

DATE (MM/DD/YYYY) 10/20/2022

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, subjethis certificate does not confer rights to	ct to the	the certi	terms and conditions of ificate holder in lieu of su	the pol Ich end	licy, certain   lorsement(s)	policies may	require an end	lorsemen	t. A statement on					
PRODUCER	CONTACT NAME: PHONE (704) 322 9974 FAX													
Lowry Insurance	PHONE (A/C, No, Ext): (704) 332-8871 FAX (A/C, No):													
PO Box 30517 Charlotte, NC 28230	(A/C, No, Ext): (704) 332-3071   (A/C, No):  E-MAIL ADDRESS: Info@lowryassoc.com													
				ADDIKE			RDING COVERAGE		NAIC#					
				INSURE	RA: Ohio Se	• •			24082					
INSURED	INSURE	RB:												
Consortium for Computing	Scien	ices	in Colleges	INSURE	RC:									
450E Flarsheim Hall 5110 Rockhill Rd				INSURE	RD:									
Kansas City, MO 64110				INSURE	RE:									
				INSURE	RF:									
COVERAGES CER	RTIFIC	CATE	E NUMBER:				REVISION NU	MBER:						
THIS IS TO CERTIFY THAT THE POLICI														
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY														
EXCLUSIONS AND CONDITIONS OF SUCH				BEEN F		PAID CLAIMS.  POLICY EXP	I							
INSR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT						
A X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	ICE TED	\$ 1,000,000 \$ 300,000					
CLAIMS-MADE X OCCUR			BLS56369280		11/8/2022	11/8/2023	DAMAGE TO RENT PREMISES (Ea occ	currence)	\$ 300,000 \$ 15,000					
							MED EXP (Any one		1 000 000					
							PERSONAL & ADV		2 000 000					
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC							GENERAL AGGRE		2 000 000					
							PRODUCTS - COM	IP/OP AGG	\$ , ,					
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$					
ANY AUTO							(Ea accident) BODILY INJURY (F	Oor noroon)	\$					
OWNED AUTOS ONLY AUTOS							BODILY INJURY (F		\$					
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$					
AUTOS ONLY AUTOS ONLY							(i ci accident)		\$					
UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$					
EXCESS LIAB CLAIMS-MADE	:						AGGREGATE		\$					
DED RETENTION \$									\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$					
(Mandatory in NH)	1,7,4						E.L. DISEASE - EA	EMPLOYEE	\$					
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL:	LES (A	ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)							
CERTIFICATE HOLDER				CANCELLATION										
CERTIFICATE HOLDER				CANC	/LLLA HON									
									ANCELLED BEFORE BE DELIVERED IN					
Ramapo College 505 Ramapo Valley Rd							Y PROVISIONS.	'						
Mahwah, NJ 07430				ALITHO	DIZED DEDDESE	NITATIVE								
I .		AUTHORIZED REPRESENTATIVE												



ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

CSKIDMORE

DATE (MM/DD/YYYY) 10/20/2022

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.

th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER				CONTACT NAME:							
Lowry Insurance PO Box 30517						PHONE (A/C, No, Ext): (704) 332-8871 FAX (A/C, No):						
Charlotte, NC 28230						E-MAIL ADDRESS: Info@lowryassoc.com						
	•							RDING COVERAGE		NAIC#		
					INSURE	RA: Ohio Se	•			24082		
INSL	RED				INSURE	:R B :	•					
	Consortium for Computing	Scier	nces	in Colleges	INSURE							
	450E Flarsheim Hall 5110 Rockhill Rd				INSURE							
	Kansas City, MO 64110				INSURE							
	•				INSURE							
СО	VERAGES CEF	RTIFIC	CATE	E NUMBER:				REVISION NUMBER:		-1		
IN C	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,											
INSR	KCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP					
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		1,000,000		
Α	X COMMERCIAL GENERAL LIABILITY			In				EACH OCCURRENCE	\$	300,000		
	CLAIMS-MADE X OCCUR			BLS56369280		11/8/2022	11/8/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	15,000		
								MED EXP (Any one person)	\$	1,000,000		
								PERSONAL & ADV INJURY	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	ANY AUTO							(Ea accident)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per person)				
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							7.OOREO/RE	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYER				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
	DESCRIPTION OF OF ENVIRONE SOLOW							2.2. 3102. 102. 1 02.01 2				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)				
								•				
CE	RTIFICATE HOLDER				CANCELLATION							
School of Computing and Engineering, University of Missouri-Kansas City 450E Flarsheim Hall						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Kansas City, MO 64110					RIZED REPRESE	NTATIVE					
			When My Louns									





CSKIDMORE

DATE (MM/DD/YYYY) 10/20/2022

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.

ti	is certificate does not confer rights t							require air emaorseme	II. A 3	tatement on		
PRO	DUCER				CONTACT NAME:							
Lowry Insurance PO Box 30517						PHONE (A/C, No, Ext): (704) 332-8871 FAX (A/C, No):						
Charlotte, NC 28230						E-MAIL ADDRESS: Info@lowryassoc.com						
								RDING COVERAGE		NAIC#		
					INSURE	RA: Ohio Se				24082		
INSU	RED				INSURE							
	Consortium for Computing	Scier	ices i	in Colleges	INSURE							
	450E Flarsheim Hall 5110 Rockhill Rd				INSURE							
	Kansas City, MO 64110				INSURE	RE:						
	•				INSURE							
СО	VERAGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
IN C	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,											
INSR	XCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP					
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		1,000,000		
^	X COMMERCIAL GENERAL LIABILITY			DI 0500000		44/0/0000	44/0/0000	EACH OCCURRENCE DAMAGE TO RENTED	\$	300,000		
	CLAIMS-MADE X OCCUR			BLS56369280		11/8/2022	11/8/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	15,000		
								MED EXP (Any one person)	\$	1,000,000		
								PERSONAL & ADV INJURY	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PRO-							PRODUCTS - COMP/OP AGG		2,000,000		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	The residual to the second sec								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	E \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES Cert	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is included as additional insured per written contract or agreement.											
CE	RTIFICATE HOLDER				CANCELLATION							
University of New Haven 300 Boston Post Rd West Haven, CT 06516						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						
		John M Lours										