WESTKE-C07

**DSPEARS** 



## **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.

this certificate does not confer rights to the certificate holder in lieu of su						CONTACT Destiny Spears						
	ichens Insurance Group	PHONE (A/C, No, Ext): (270) 563-7119 4290 (A/C, No): (270) 843-8808										
1240 Fairway Street Bowling Green, KY 42103						(A/C, No, Ext): (270) 563-1119 4290   (A/C, No): (270) 643-6606  E-MAIL ADDRESS: dspears@higusa.com						
BUV	wing Green, KT 42103							NAIG#				
		INSURER A : Cincinnati Casualty Company						NAIC #				
INICI	IDEN	INSURER B:					20003					
Western Kentucky University Attn: Dept of Purchasing 1906 College Heights Blvd Bowling Green, KY 42101  COVERAGES CERTIFICATE NUMBER:						INSURER C:						
						INSURER D :						
						INSURER E :						
						INSURER F :						
						REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICIE				⊔Λ\/⊑ R	EEN ISSUED 1	THE INSLI			HE DO	LICY DEDIOD	
IN.	IDICATED. NOTWITHSTANDING ANY R	EQUI	IREM	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WIT	TH RESPE	CT TC	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								UBJECT T	O ALL	THE TERMS,	
INSR	TVDE OF INCUDANCE	ADDL	SUBR		DEEN	POLICY EFF	POLICY EXP					
LTR	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE \$ DAMAGE TO RENTED				
	CLAIIVIS-IVIADE CCCOIX									\$		
								MED EXP (Any one person)		\$		
								PERSONAL & ADV		\$		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC								GENERAL AGGREC		\$		
								PRODUCTS - COMI	P/OP AGG	\$		
Α	ACTOMOBILE EIABIETT							COMBINED SINGLE	ELIMIT	\$	1,000,000	
^				ED 4 000 40 50		7/4/0000	7/4/0004	(Ea accident)	` ′			
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			EBA 062 10 50		7/1/2023	7/1/2024	BODILY INJURY (Pe	•	\$		
								PROPERTY DAMAG (Per accident)	er accident) 3E			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$		
	LULE DE LA CASALE									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	CE	\$		
								AGGREGATE		\$		
	DED RETENTION \$							PER	OTH- ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							PER STATUTE				
								E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE		\$		
If yes, describe under												
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ACORE	101, Additional Remarks Schedu	ie, may b	e attached if mor	e space is requi	rea)				
L												
CE	RTIFICATE 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						

Evidence of Coverage