

SCONCORDIA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/12/2023

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. 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 fieu of s PRODUCER The Loomis Company P&C Division						CONTACT NAME: PHONE (A/C, No, Ext): (610) 374-4040 FAX (A/C, No, Ext): (610) 376-1049							
	N Park Road omissing, PA 19610		(A/C, NO, EX): (CTO) CTO TO T										
,	,			INSURER(S) AFFORDING COVERAGE						NAIC#			
					INSURER A : Continental Casualty Co.						20443		
INSL	IRED	INSURER B:											
	International Institute for Su	abla	Laboratorios	INSURER C:									
	744 Cave Hill Road	iabie	Laboratories	INSURER D :									
	Luray, VA 22835			INSURER E :									
				INSURER F:									
co	VERAGES CER	^ A TE	E NUMBER:	REVISION NUMBER:									
T IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O EQUI PER POLI	F INS IREMI TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF ANY (DED BY THI BEEN REDU	CONTRACE POLICI	TO THE INSUF CT OR OTHER ES DESCRIB PAID CLAIMS	RED NAMED ABO R DOCUMENT WI	VE FOR T	CT T	O WHICH THIS		
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POL (MM/	JCY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	2,000,000		
	CLAIMS-MADE X OCCUR			6011884763	12/ ⁻	18/2022	12/18/2023	DAMAGE TO RENT PREMISES (Ea occ	ED currence)	\$	1,000,000		
								MED EXP (Any one	person)	\$	10,000		
								PERSONAL & ADV	INJURY	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	4,000,000		
	X POLICY PRO-							PRODUCTS - COM	P/OP AGG	\$	4,000,000		
	OTHER:							Hired & Nono		\$	1,000,000		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$			
	ANY AUTO							BODILY INJURY (F	er person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		· ·			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$			
	AUTOS ONLY							(i di dodidoni)		\$			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	02	\$			
	DED RETENTION \$							7.OGREGATE		\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER	OTH- ER	Ψ			
								E.L. EACH ACCIDE	•	\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		- T			
	If yes, describe under DESCRIPTION OF OPERATIONS below												
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - PO	LICY LIMIT	\$			
f reche fi he fi Follo Ariz Colo	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC quired by written contract, the Certifica terms, conditions, and exclusions of the owing chapters are included as addition ona Chapter orado Chapter ATTACHED ACORD 101	te Ho e poli	lder i cy. E	is an Additional Insured on Blanket waiver of subrogati	the Genera	ıl Liabilit	y policy, on a	primary & non-	contribut	ory b	asis, subject to		
CF	RTIFICATE HOLDER				CANCELL	ΔΤΙΩΝ							
<u> </u>	University of Denver				SHOULD THE EX	ANY OF T	N DATE TH	ESCRIBED POLICIEREOF, NOTICEY PROVISIONS.					

ACORD 25 (2016/03)

Denver, CO 80208

Director, Office of Risk Management 2199 S. University Blvd. #414

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED							
The Loomis Company P&C Division		International Institute for Sustainable Laboratories 744 Cave Hill Road Luray, VA 22835							
POLICY NUMBER									
SEE PAGE 1									
CARRIER	NAIC CODE								
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1							

ADDITIONAL REMARKS

Greater New York Chapter

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Pacific Northwest Chapter
Georgia Chapter of I2SL
Heart of America Chapter

Institute for Sustainable Laboratories - St Louis Chapter National Capital Chapter
New England Chapter
North Carolina-Triangle Chapter
Northern California Chapter of I2SL
San Diego Chapter
Great Lakes Chapter
Los Angeles/Orange County Chapter
Texas Chapter
Philly Chapter