## Certificate of Liability Insurance

**West Virginia University**

*Attention: Michael Gansor*

*Post Office Box 6209*

*Morgantown, WV 26506*

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### Coverages

**Certificate Number:** WCB1019700

**Revision Number:**

**Policy Period:** 07/01/2019 – 07/01/2020

#### Commercial General Liability

<table>
<thead>
<tr>
<th>Limit Type</th>
<th>Policy Eff (MM/DD/YYYY)</th>
<th>Policy Exp (MM/DD/YYYY)</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Occurrence</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damage to Rented Premises (Per Occurrence)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med Exp (Any one person)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal &amp; Adv Injury</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Aggregate</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Products - Comp/Op Aggregate</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined Single Limit (Per Accident)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bodily Injury (Per Person)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bodily Injury (Per Accident)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Damage (Per Accident)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**General Aggregate Limit Applies Per:**

- **Policy:** $1,000,000
- **Occur:** $500,000
- **Loc:** $100,000

**Combined Single Limit (Per Occurrence):** $1,000,000

**E.L. Each Accident:** $100,000

**E.L. Disease - E.A. Employee:** $100,000

**E.L. Disease - Policy Limit:** $500,000

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### Description of Operations / Locations / Vehicles

**Evidence of Coverage**

**Certificate Holder:** West Virginia University

**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:**

_James P. Couray_

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