

DSPEARS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/20/2024

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

tł	is c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su	ch end	dorsement(s)			or serrici	ii. A 3	latement on	
PRODUCER Houchens Insurance Group 1240 Fairway Street							CONTACT Destiny Spears						
							PHONE (A/C, No, Ext): (270) 563-7119 4290 FAX (A/C, No): (270) 843-8808						
Bov	ling	Green, KY 42103				E-MAIL ADDRESS: dspears@higusa.com							
						INSURER(S) AFFORDING COVERAGE					NAIC #		
							INSURER A : Cincinnati Casualty Company 2					28665	
Western Kentucky University Attn: Dept of Purchasing							ERB:						
							INSURER C:						
1906 College Heights Blvd Bowling Green, KY 42101						INSURE	RD:						
						INSURER E :							
							INSURER F:						
					E NUMBER:				REVISION NUI				
IN C	IDIC <i>I</i> ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORI	N OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER IES DESCRIB	R DOCUMENT WI	TH RESPE	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR				POLICY EXP (MM/DD/YYYY)		LIMIT	s		
LIK		COMMERCIAL GENERAL LIABILITY	11430	1440			(MINDOITIT)	(1111)	EACH OCCURREN		\$		
		CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED	\$		
									MED EXP (Any one		\$		
									PERSONAL & ADV	•	\$		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
		POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
	OTHER:										\$		
Α	AUTOMOBILE LIABILITY								COMBINED SINGLI (Ea accident)	E LIMIT	\$	1,000,000	
	X	ANY AUTO			EBA 062 10 50		7/1/2024	7/1/2025	BODILY INJURY (P	er person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
											\$		
		UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	wor	DED RETENTION \$							PER	OTH-	\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N							STATUTE	OTH- ER			
	ANY OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$		
	If yes	s, describe under							E.L. DISEASE - EA				
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	le, may t	pe attached if mor	e space is requir	red)				
CE	RTIF	ICATE HOLDER				CANO	CELLATION						
Fyidence of Coverage							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