A	CC	RD, CERTIFIC	ATE OF LIABIL			DATE (MM/DD/YYYY) 11/06/09		
PRODU				IMA VIMO	n CONFERS NO	UED AS A MATTER O D RIGHTS UPON TH	IE CERTIFICATE	
		J. Gallagher Risk Mana t Street, Suite 200	agement Services	HOLDER 1	THIS CERTIFICA	TE DOES NOT AME	ND. EXTEND OR	
San Francisco, CA 94105				INSURERS A	INSURERS AFFORDING COVERAGE			
INSURED				INSURER A: X	INSURERA: XYZ Insurance Company			
				INSURER B:			<u> </u>	
				INSURER C:			1000	
				INSURER D:	<u>filial</u>		7.55.5	
				INSURER E:		(**		
	ERAC	OUT OF BUILD ANOT LICTED DEL	OW HAVE BEEN ISSUED TO THE IN:	STIPED NAMED AF	SÓVE FOR THE POI	ICY PERIOD INDICATED.	NOTWITHSTANDING	
AN	YREG	UIREMENT, TERM OR CONDITION	N OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED HI Y HAVE BEEN REDUCED BY PAID C	DOCUMENT WITH EREIN IS SUBJECT	T TO ALL THE TER	48CH 11815 CER (819CA) E 1	MAY BERSSUED OR	
NSR A		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	TS A SOO	
A	- 1	SENERAL LIABILITY	GL28932128	10/01/09	10/01/10	EACH OCCURRENCE	\$1,000,000 \$100,000	
		COMMERCIAL GENERAL LIABILITY	,			DAMAGE TO RENTED PREMISES (Ea occurence)	3	
		CLAIMS MADE X OCCUR		7		MED EXP (Any one person)	\$ 10,000 \$1,000,000	
	-					PERSONAL & ADVINJURY	\$2,000,000	
	-					GENERAL AGGREGATE PRODUCTS COMP/OP AGG	\$2,000,000	
	L	BEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC		. <i>L</i>		PRODUCTS COMP/OF AGG	\$2,000,000	
		AUTOMOBILE LIABILITY  ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	s	
	-	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	-			É		PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY	( )	Na		AUTO ONLY - EA ACCIDENT	\$	
	-	ANY AUTO				OTHER THAN EA ACC		
A		EXCESS/UMBRELLA LIABILITY	XS28932128	/10/01/09	10/01/10	EACH OCCURRENCE	\$ 2,000,000	
۲.,	-	X OCCUR CLAIMS MADE	A528932120	20/01/05	10/01/10	AGGREGATE	\$ 2,000,000	
	-			•			\$	
	-	DEDUCTIBLE					s	
	1	RETENTION \$					\$	
		KERS COMPENSATION AND				WC STATU- OTH TORY LIMITS ER	<u> </u>	
	ANYP	OYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
W.F	OFFIC	ERMEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYE		
	SPEC	describe under IAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	·   \$	
	OTHE	R .						
DES	CRIPTIC	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSEM	I ENT / SPECIAL PROVI	SIONS			
	Sa	nta Clara University	y is included as an a	additional	insured per	the attached		
			th respect to the use					
CE	RTIF	CATE HOLDER		CANCELLA	TION			
				SHOULD ANY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION			
	Santa Clara University 500 El Camino Real			DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL DAYS WRITTEN				
				i	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL			
Santa Clara, CA 95053			IMPOSE NO O	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
					REPRESENTATIVES. AUTHORIZED REPRESENTATIVE			
	·			AUTHORIZED R	EPRESENTATIVE			

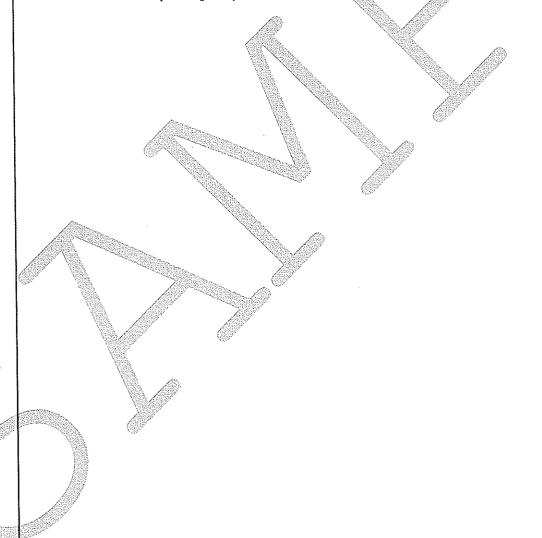
### **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)								
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.								

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.