ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2018

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 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 lieu of such endorsement(s).											
	DUCER			CONTACT NAME:							
Holmes Murphy						PHONE (A/C, No, Ext): 800.736.4327 FAX (A/C, No): 800.328.0522					
13810 FNB Parkway					E-MAIL ADDRESS:						
Suite 300						INSURER(S) AFFORDING COVERAGE NAIC #					
Om	aha, NE 68154	INSURE	1		erican Insurance	Со	33138				
INSURED Alpha Delta Pi Sorority						RB:					
1386 Ponce de Leon Avenue, NE					INSURE						
	Atlanta, GA 30306				INSURER D :						
	ž				INSURER E :						
					INSURER F :					-	
	VERAGES CER	NUMBER: 18-19 A11									
		BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD									
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
LTR	TYPE OF INSURANCE	INSR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY			LHA1	11537	03/01/2018	03/01/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 1,000,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	Excluded	
Α	X Host Liquor							PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ \$	1,000,000	
				LHA1	11537	03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000	
Α	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
^	AUTOS AUTOS X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE	\$		
	AUTOS							(Per accident)	\$		
									-		
								EACH OCCURRENCE	\$ \$		
	CEANNO-WIADE							AGGREGATE	ծ Տ		
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	\$		
								TORY LIMITS ER	•		
		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE			
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	_ES (A	ttach A	ACORD 101, Additional Remarks S	Schedule,	if more space is	required)				
The certificate holder is an insured in regards to the above listed policy.											
CE	RTIFICATE HOLDER				CANC	ELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
All recognized colonies, collegiate chapters, house corporations, foundations, alumnae chapters or associations of											
L	Alpha Delta Pi Sorority Edward (Ned) Kirklin/TRUDE										
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