ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/01/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: **Beth Wilkerson**		
McGriff Insurance Services LLC **Post Office Box 13941** **Durham, NC 27709** **919 281-4500**	**PHONE (A/C, No, Ext): 919 281-4500**		**FAX (A/C, No): 8887468761**
	E-MAIL ADDRESS: NCCertificateTeam@mcgriff.com		
	INSURER(S) AFFORDING COVERAGE		**NAIC #**
	INSURER A : Travelers Indemnity Co of America		**25666**
INSURED **Campbell University** **PO Box 114** **Buies Creek, NC 27506-0114**	**INSURER B : Travelers Property Casualty Co of Amer**		**25674**
	INSURER C : American Casualty Co of Reading PA		**20427**
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES   CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**X COMMERCIAL GENERAL LIABILITY** ☐ CLAIMS-MADE **X** OCCUR			Y6301C523170	06/01/2023	06/01/2024	EACH OCCURRENCE	$**1,000,000**
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$**1,000,000**
							MED EXP (Any one person)	$**5,000**
							PERSONAL & ADV INJURY	$**1,000,000**
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						GENERAL AGGREGATE	$**2,000,000**
							PRODUCTS - COMP/OP AGG	$**2,000,000**
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	**X UMBRELLA LIAB X OCCUR** ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED **X** RETENTION $**0**			CUP1J4425152	06/01/2023	06/01/2024	EACH OCCURRENCE	$**25,000,000**
							AGGREGATE	$**25,000,000**
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				☐ PER STATUTE ☐ OTHER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	**Professional Liab** **Occurrence Form**			HPG0127300581	06/01/2023	06/01/2024	$2,000,000 Each Claim $5,000,000 Aggregate	
C	**VA Statutory Cap**			HPG0127300581	06/01/2023	06/01/2024	$2,550,000/$7,650,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is provided for any student or faculty participating in an internship or practicum experience that
is a curriculum requirement and pursuant to a written contract or agreement.
Umbrella limits are excess over the general liability coverage only

CERTIFICATE HOLDER	CANCELLATION
EVIDENCE OF COVERAGE **c/o Campbell University** **PO Box 114** **Buies Creek, NC 27506**	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** *Brad Clark*

ACORD 25 (2016/03)   1 of 1   The ACORD name and logo are registered marks of ACORD
#S32282910/M32282883   BG3

This page has been left blank intentionally.