

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/29/2019

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 rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER Willis of Massachusetts, Inc. c/o 26 Century Blvd P.O. Box 305191		CONTACT Willis Towers Watson Certificate Center				
		PHONE (A/C, No, Ext): 1-877-945-7378	-467-2378			
		E-MAIL ADDRESS: certificates@willis.com				
Nashville, TN 372305191 USA		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: Markel Insurance Company		38970		
INSURED University Of New England 11 Hills Beach Rd Biddeford, ME 04005		INSURER B: Hartford Insurance Company of the Midwest 37478				
		INSURER C:				
		INSURER D:				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: W9995792	REVISION NUM	IBER:			
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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
TYPE OF INSURANCE	ADDL SUBF INSD WVD	POLICY NUMBER			LIMIT	S	
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000		
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
A					MED EXP (Any one person)	\$ 5,000	
		8502WSI042362-1	10/01/2018	10/01/2019	PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000	
× POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 3,000,000	
OTHER:						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION\$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY B ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		08WBCM9898 10	10/01/2018 10/0		X PER OTH- STATUTE ER		
				10/01/2019	E.L. EACH ACCIDENT	\$ 1,000,000	
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY  UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PATNIER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY AUTOS ONLY  HIRED NON-OWNED AUTOS ONLY  UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  I ves. describe under	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCY JECT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY  HIRED AUTOS ONLY  UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under	TYPE OF INSURANCE  TYPE OF INSURANCE  ADDL SUBR INSD WVD  POLICY EFF (MM//DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  BEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY  HIRED AUTOS ONLY  AUTOS ONLY  UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  I vss. describe under	TYPE OF INSURANCE  ADDL SUBR INSD  POLICY NUMBER  POLICY EFF (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  SENIL AGGREGATE LIMIT APPLIES PER:  X POLICY PRO JECT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB  CLAIMS-MADE  DED  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/A  NYANY ANY POPICIE TO CLAIMS-MADE  DED  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  NYANY POPICIE TO PRATNER/EXECUTIVE (Mandatory in NH) It ves. describe under	TYPE OF INSURANCE  ADDI-SUBR INSD WAD POLICY NUMBER  POLICY EFF, (MM/DD/YYYY)  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  B502WSI042362-1  B604WSI042362-1  B604WSI0	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Coverage noted above includes students of the University of New England. Workers' Compensation referenced above is for employee coverage only.

CERTIFICATE HOLDER	CANCELLATION
County of Humboldt	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attn: Risk Management 825 Fifth Street	AUTHORIZED REPRESENTATIVE
Room 131	gula m Powers
Eureka, CA 95501	9,000,000

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