

GBURROW



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/13/2021

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.

	SUBROGATION IS WAIVED, subjecting services to the subjection of th	ct to	the	terms and conditions of	the po	licy, certain ¡	policies may					
PRODUCER James R. Favor & Company, LLC 14466 East Evans Ave Aurora, CO 80014						CONTACT NAME:						
						PHONE (A/C, No, Ext): (800) 344-7335 FAX (A/C, No): (303) 745-8669						
						E-MAIL ADDRESS: info@favorandcompany.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
		INSURER A : Lloyd's Of London					15792					
INSURED Triangle Fraternity						INSURER B:						
						INSURER C:						
	All Chapters and Colonies		INSURER D :									
	120 South Center Street Plainfield, IN 46168				INSURER E :							
	, , , , , , , , , , , , , , , , , , , ,				INSURER F:							
CO	VERAGES CER	TIFI	CATE	NUMBER:	REVISION NUMBER:							
II C	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT W SED HEREIN IS S	ITH RESPE SUBJECT T	O ALI	O WHICH THIS	
LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	1,000,000	
A	A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						9/15/2022	DAMAGE TO REN	NCE TED	\$	50,000	
				21-JRFCO-TRI-L-29		9/15/2021		DAMAGE TO REN PREMISES (Ea oc	currence)	\$	5,000	
	Host Liquor Liab.							MED EXP (Any one	e person)	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV		\$	2,000,000	
	POLICY PRO- JECT X LOC							PRODUCTS - COM		\$	2,000,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGI (Ea accident)	E LIMIT	\$	1,000,000	
	ANY AUTO			21-JRFCO-TRI-L-29		9/15/2021	9/15/2022	BODILY INJURY (Per person) \$				
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (I		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$		
	AUTOS CINET							(i di dodiadini)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCF	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$	1								\$		
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY							PER STATUTE	OTH- ER	Ť		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCID		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO				
	Descrimental of the Environmental Science							2.2. 3102.102	2.01 2			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Annual	LES (A	ACORE) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE HOLDER	CANCELLATION										
Triangle Fraternity 120 South Center Street Plainfield, IN 46168						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						