**TRIFRAT-01** 

**DRAY** 

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 9/20/2023

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.

li ti	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	ct to the	the cert	terms and conditions of ificate holder in lieu of su	ich end	orsement(s)	policies may	require an end	dorsemen	t. As	tatement on	
PRODUCER James R. Favor & Company, LLC 10555 E. Dartmouth Avenue, Suite 330 Aurora, CO 80014						CONTACT NAME: PHONE (A/C, No, Ext): (800) 344-7335  E-MAIL ADDRESS: info@favorandcompany.com						
INSURED Triangle Fraternity						INSURER B:						
						INSURER C:						
	All Chapters and Colonies 120 South Center Street				INSURER D:							
	Plainfield, IN 46168				INSURER E :							
					INSURE	RF:						
CC	OVERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:			
II C	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY REPRIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W	ITH RESPE	CT TO	WHICH THIS	
INSF	NSR TYPE OF INSURANCE		SUBR				POLICY EXP (MM/DD/YYYY)					
Α						9/15/2023	9/15/2024	EACH OCCURREN	ICE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			23-JRFCO-TRI-L-31				DAMAGE TO RENTED		\$	50,000	
										\$	5,000	
	χ Host Liquor Liab.							PERSONAL & AD\	/ INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	POLICY PRO- OTHER:							PRODUCTS - CON	MP/OP AGG	\$	2,000,000	
Α	<u> </u>							COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000	
	ANY AUTO			23-JRFCO-TRI-L-31		9/15/2023	9/15/2024	BODILY INJURY (Per person) \$				
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							1555	OTIL	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under								E.L. EACH ACCIDE	ENT	\$		
								E.L. DISEASE - EA	EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI O Annual-COI	LES (A	ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)				
CERTIFICATE 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						
			O L A M									