ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2017

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).

PRODUCER	CONTACT Trude Smouse					
Holmes Murphy	PHONE (A/C, No, Ext): 800.736.4327 x4163 FAX (A/C, No): 800.3	28.0522				
13810 FNB Parkway	E-MAIL ADDRESS: tsmouse@holmesmurphy.com					
Suite 300	INSURER(S) AFFORDING COVERAGE	NAIC #				
Omaha, NE 68154	INSURER A: Landmark American Insurance Co	33138				
INSURED Alpha Delta Pi Sorority	INSURER B:					
DBA: Alpha Delta Pi Foundation, Inc	INSURER C:					
1386 Ponce de Leon Avenue, NE	INSURER D:					
Atlanta, GA 30306	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 17-18 All Rec 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.

INSF LTR	1	TYPE OF INSU			SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GEI	GENERAL LIABILITY				LHA111041	03/01/2017	03/01/2018	EACH OCCURRENCE	\$	1,000,000
A	X	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		CLAIMS-MADE	X OCCUR					MED EXP (Any one person)	\$	Excluded	
	X Host Liquor		X					PERSONAL & ADV INJURY	\$	1,000,000	
									GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	1,000,000	
		POLICY PRO- JECT	X LOC							\$	
	AU	TOMOBILE LIABILITY				LHA111041	03/01/2017	03/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$	
Α		ALL OWNED AUTOS	SCHEDULED AUTOS	X					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION	ON \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS X OTH- ER			
	AND EMPLOYERS LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)			117.7					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		

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

The certificate holder is an insured in regards to the above listed policy.

CERTIFICATE HOLDER	CANCELLATION			
	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	AUTHORIZED REPRESENTATIVE SQUEEZU			
Alpha Delta Pi Sorority	Edward (Ned) Kirklin/EMITOU			

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