

KRILEY

CERTIFICATE OF LIABILITY INSURANCE

ACORD®

RANCE DATE (MM/DD/YYYY) 2/29/2024

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).

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	DUCER					^{C⊤} Karen Ri					
Cincinnati Insurance Company Cincinnati Customer Care Center						PHONE (A/C, No, Ext): (877) 687-1291 FAX (A/C, No): (513) 881-8114					
P.O	. Box 145496				E-MAIL ADDRE	_{ss:} Cincinna	tiCerts@c	infin.com			
Cincinnati, OH 45250-5496						INSURER(S) AFFORDING COVERAGE					NAIC #
						INSURER A: Cincinnati Casualty Company					28665
INSURED Pennsylvania Music Teachers Association						INSURER B:					
						RC:					
4390 KENSON DR ALLISON PARK, PA 15101					INSURER D:						
					INSURE	RE:					
						INSURER F:					
СО	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NU	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR .LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY	CT OR OTHEF IES DESCRIE PAID CLAIMS	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY					······		EACH OCCURREN	ICE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		ENP 0167745		11/1/2022	11/1/2025	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	500,000
								MED EXP (Any one person)		\$	10,000
								PERSONAL & ADV	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY X PRO- OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000
A	AUTOMOBILE LIABILITY	х						COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000
	ANY AUTO			ENP 0167745		11/1/2022	11/1/2025	BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (F	•	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
	AUTOS ONLT							(i di doddoni)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$	1								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
								E.L. EACH ACCIDE	,	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC			
										<u>, </u>	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
		`			•		•				
CE	RTIFICATE HOLDER				CANO	CELLATION					
Kutztown University 15200 Kutztown Rd Kutztown, PA 19530						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					