



ADDITIONAL REMARKS SCHEDULE

AGENCY Gregory & Appel Insurance		NAMED INSURED The Students of the University of Indianapolis 1400 E. Hanna Avenue Indianapolis, IN 46227	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Policy Combined Maximum Aggregate Limit (Non-Participating) \$4,000,000
Campus Health Center Participating in Indiana Patient Compensation Fund per Claim \$500,000
Campus Health Center Participating in Indiana Patient Compensation Fund Aggregate \$1,500,000
Student Liability Participation in Indiana Patient Compensation Fund per Claim \$500,000
Student Liability Participation in Indiana Patient Compensation Fund Aggregate \$1,500,000
Abuse or Molestation Aggregate Limit \$500,000
Retention per Claim Including Loss Adjusting Expense \$0 Each Claim
Health Center Retroactive Date (\$250,000/\$750,000 Limits) July 29, 2013
Health Center Retroactive Date (\$400,000/\$1,200,000 Limits) July 29, 2017
Student Retroactive Date (\$2,000,000/\$4,000,000 Limits) August 31, 2011
Student Retroactive Date (\$400,000/\$1,200,000 Limits) August 31, 2017