ACORD												ARYAN DATE (MM/DD/YYYY) 8/29/2022	
	ERI	TIFICATE DOE	S NOT AFFIRMAT		Y OF	R OF INFORMATION ON R NEGATIVELY AMEND E DOES NOT CONSTITU ERTIFICATE HOLDER.	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDE	ATE HO	LDER. THIS	
lf	SU	BROGATION	IS WAIVED, subject	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	licy, certain	policies may				
	DUCI							CT Amanda					
Gregory & Appel Insurance 1402 N Capitol Suite 400 Indianapolis, IN 46202					PHONE (A/C, No, Ext): 								
							INSURER(S) AFFORDING COVERAGE				NAIC #		
											35378		
INSU	IRED	The Official	lente of the Linkson		f I an al l	lie	INSURE						
			lents of the Univers Ianna Avenue	ity O	rmai	anapons	INSURER C :						
		Indianap	olis, IN 46227				INSURER D :						
							INSURE	RF;					
co	VEF	RAGES	CER	TIFI	CATE	ENUMBER:				REVISION NUMBER			
	IDIC. ERT	ATED. NOTWIT	THSTANDING ANY R	EQU	REMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RES BED HEREIN IS SUBJEC	SPECT TO	WHICH THIS	
						LIMITS SHOWN MAY HAVE	BEEN F						
INSR LTR	-	T	NSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)				
	-	CLAIMS-MAD								EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	-										\$		
										MED EXP (Any one person) PERSONAL & ADV INJURY	s s		
	GE	N'L AGGREGATE LI								GENERAL AGGREGATE	\$		
										PRODUCTS - COMP/OP AC			
		OTHER									s		
	AU	TOMOBILE LIABILIT	ſY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO	-							BODILY INJURY (Per perso	n) \$		
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accide	nt) \$		
		AUTOS ONLY	AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
					<u> </u>						\$		
	_	UMBRELLA LIAB	CLAIMS-MADE							EACH OCCURRENCE	\$		
	-	1 1 1	ENTION \$							AGGREGATE	\$		
	wo	DED RETE								PER OTH STATUTE ER	-		
	ANE	PROPRIETOR/PAR								E.L. EACH ACCIDENT	\$		
	OFF (Mai	PROPRIETOR/PAR ICER/MEMBER EXC Indatory in NH)	LUDED?	N/A						E.L. DISEASE - EA EMPLO			
	If ve	s, describe under CRIPTION OF OPE								E.L. DISEASE - POLICY LIN			
Α		Ipractice				SM941635		7/29/2022	7/29/2023	Occurrence		2,000,000	
Α	Ma	lpractice				SM941635		7/29/2022	7/29/2023	Aggregate		4,000,000	
\$1,5 FOR *Mai Poli	00,0 INS prat cy Li	00 Aggregate. SURED'S INFOR ice Liability*	MATIONAL PURPOS	SES (ONLY		ile, may b ana Pa	e attached if mor rticipation in	e space is requi Indiana Com	red) pensation Fund \$500,C	00 per cl	aim and	
CE	RTIF	ICATE HOLD	ER				CANC	ELLATION					
Insured's Copy - Professional Liability The Students of the University of Indianapolis 1400 E Hanna Ave Indianapolis, IN 46227					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 AWYAM								
							Un	Jan					
ACORD 25 (2016/03)							© 19	88-2015 AC	ORD CORPORATION	I. All rig	hts reserved.		

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AGENCY	CUSTOMER	ID:	UNIVOFI-CL

LOC #: 0



ADDITION	ADDITIONAL REMARKS SCHEDULE					1
AGENCY		NAMED INSURED				-
Gregory & Appel Insurance		The Students of the University of Indianapolis 1400 E. Hanna Avenue				
POLICY NUMBER		Indianapolis, IN 46227				
SEE PAGE 1						
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				
ADDITIONAL REMARKS	() 4 ,					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO A	CORD FORM,					
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Lia	bility Insurance					
Description of Operations/Locations/Vehicles: Policy Combined Maximum Aggregate Limit (Non-Pa Campus Health Center Participating in Indiana Patiet Student Liability Participation in Indiana Patient Con Abuse or Molestation Aggregate Limit \$500,000 Hearing Costs Reimbursement Aggregate \$5,000 Media Expense Aggregate \$25,000 HIPAA Proceedings Aggregate \$25,000 Retention per Claim Including Loss Adjusting Exper Health Center Retroactive Date (\$250,000/\$750,000 L Health Center Retroactive Date (\$250,000/\$750,000 L Health Center Retroactive Date (\$400,000/\$1,200,000 Student Retroactive Date (\$400,000/\$1,200,000 Limits Student Retroactive Date (\$400,000/\$1,200,000 Limits	nt Compensa nt Compensa npensation Finnensation Finnensation Finnensation se \$0 Each (imits) July 2 Limits) July 2 Limits) July 3	tion Fund per Claim \$500,000 tion Fund Aggregate \$1,500,000 und per Claim \$500,000 und Aggregate \$1,500,000 Claim 9, 2013 29, 2017 31, 2011				