



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/21/2021

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).

PRODUCER Chicago, IL-Hub International Midwest West 55 East Jackson Boulevard Suite 14th Floor Chicago IL 60604	CONTACT NAME: PHONE (A/C No. Ext): 312-922-5000 FAX (A/C No): 312-922-5358 E-MAIL ADDRESS: CSUChicago@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	
License#: 100290819 IDMEINC-01	INSURER A : Sentinel Insurance Company, Ltd. NAIC # 11000 INSURER B : Hartford Casualty Insurance Company 29424 INSURER C : AXIS SURPLUS INS CO 26620 INSURER D : ASSOCIATES LLOYDS INS CO 37249 INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 155470302

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			redacted	2/20/2020	2/20/2021	EACH OCCURRENCE redacted DAMAGE TO RENTED PREMISES (Ea occurrence) redacted MED EXP (Any one person) redacted PERSONAL & ADV INJURY \$ redacted GENERAL AGGREGATE re dacted PRODUCTS - COMP/OP AGG redacted \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			redacted	2/20/2020	2/20/2021	COMBINED SINGLE LIMIT (Ea accident) \$ redacted BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			redacted	2/20/2020	2/20/2021	EACH OCCURRENCE redacted AGGREGATE redacted \$
B	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ redacted <input type="checkbox"/> Y / N WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> N / A			redacted	5/23/2020	5/23/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT redacted E.L. DISEASE - EA EMPLOYEE redacted E.L. DISEASE - POLICY LIMIT redacted
C D	DESCRIPTION OF OPERATIONS below CyberLiability redacted			redacted	2/20/2020 2/20/2020	2/20/2021 2/20/2021	Per Claim/Aggr \$5Mil xs \$5Mil Retention redacted

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

The State of Oregon, its officers, employees and agents are additional Insured on a Primary and Non-Contributory basis on the General liability and Auto Liability as required by written contract or agreement

CERTIFICATE HOLDER**CANCELLATION**

Oregon Employment Department
 875 Union St. NE
 Salem OR 97311

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

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