

CERTIFICATE OF LIABILITY INSURANCE

ALISONM

DATE (MM/DD/YYYY) 9/18/2024

TRIFRAT-01

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.

		BROGATION IS WAIVED, subjectificate does not confer rights				ıch end	dorsement(s)		require an e	ndorsemer ——	nt. A s	statement on
PRC	DUCE	ER				CONTACT NAME:						
James R. Favor & Company, LLC 10555 E. Dartmouth Avenue, Suite 330 Aurora, CO 80014												745-8669
							E-MAIL ADDRESS: info@favorandcompany.com					
	,					INSURER(S) AFFORDING COVERAGE NAIC #						NAIC #
						INSURER A : Lloyd's Of London					15792	
INSURED Triangle Fraternity							INSURER B:					
							INSURER C:					
All Chapters and Colonies 120 South Center Street						INSURER D:						
		Plainfield, IN 46168					R E :					
		,					INSURER F:					
CO	VER	RAGES CE	RTIFI	CATI	E NUMBER:	REVISION NUMBER:						
II C	NDIC/ ERTI	IS TO CERTIFY THAT THE POLIC ATED. NOTWITHSTANDING ANY IFICATE MAY BE ISSUED OR MA' JSIONS AND CONDITIONS OF SUCH	REQU / PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHEFIES DESCRIB	R DOCUMENT	WITH RESPI	ECT TO	WHICH THIS
INSR TYPE OF INSURANCE				SUBR				POLICY EXP	LIMITS			
A A	X COMMERCIAL GENERAL LIABILITY			WVD	FOLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				1,000,000
		CLAIMS-MADE X OCCUR			24-JRFCO-TRI-L-32		9/15/2024	9/15/2025	DAMAGE TO RE PREMISES (Ea		\$	50,000
		Haat Linnan Link							MED EXP (Any o	one person)	\$	5,000
	X	Host Liquor Liab.	-						PERSONAL & A	DV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGG	REGATE	\$	2,000,000
		POLICY PRO- JECT X LOC							PRODUCTS - C	OMP/OP AGG		2,000,000
A	AUT	OTHER: TOMOBILE LIABILITY							COMBINED SIN (Ea accident)	GLE LIMIT	\$	1,000,000
	ANY AUTO				24-JRFCO-TRI-L-32		9/15/2024	9/15/2025	BODILY INJURY	(Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY			
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAI (Per accident)	MAGE	\$	
		AUTOS ONET							(i di dodident)		\$	
		UMBRELLA LIAB OCCUR							EACH OCCURR	FNCF	\$	
		EXCESS LIAB CLAIMS-MAD	E						AGGREGATE		\$	
		DED RETENTION \$									\$	
	WOR	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACC		\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. DISEASE -			
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
		NOTE: THE STATE OF ST							E.E. DIOLAGE	CLIOT LIMIT		
		TION OF OPERATIONS / LOCATIONS / VEHI ual-COI	CLES (ACORI	D 101, Additional Remarks Schedu	ıle, may t	pe attached if mor	re space is requi	red)			
CF	RTIF	FICATE HOLDER				CAN	CELLATION					
<u> </u>												
Triangle Fraternity 120 South Center Street Plainfield, IN 46168							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						