

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/7/2024

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).

		/ · · · · · · · · · · · · · · · · · · ·	
PRODUCER		CONTACT NAME:	
James R. Favor & Company, LL 10555 E. Dartmouth Avenue, Su	.C uito 330	PHONE (A/C, No, Ext): (800) 344-7335 FAX (A/C, No): (303) 7	745-8669
Aurora, CO 80014	ine 330	E-MAIL ADDRESS: info@favorandcompany.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Lloyd's Of London	15792
INSURED Kappa Sigma Fraternit Alumni House Fund As 1610 Scottsville Road Charlottesville, VA 229		INSURER B: Great American Insurance Co.	
		INSURER C: National Union Fire Insurance Co. Of Pittsburgh, PA	
		INSURER D :	
		INSURER E :	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	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.

	XCLUSIONS AND CONDITIONS OF SUCH						
INSR			SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY			, <u>,</u>	······	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		23-JRFCO-KS-L-03	10/1/2023	12/31/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 5,000
	χ Host Liquor Liab.					PERSONAL & ADV INJURY	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		23-JRFCO-KS-L-03	10/1/2023	12/31/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 1,000,000
	X EXCESS LIAB CLAIMS-MADE		23-JRFCO-KS-XL-03	10/1/2023	12/31/2024	AGGREGATE	\$
	DED RETENTION\$					Aggregate	\$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	B Directors & Officers		EPPE451437	10/1/2023	12/31/2024	Aggregate Limit	3,000,000
С	C Crime (Includes Burg		01-580-83-89	10/1/2023	12/31/2024	Employee Theft	25,000

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

Job Annual

CERTIFICATE HOLDER	CANCELLATION

Alumni House Fund Association, Inc. 1701 White Columns Drive Rolla, MO 65401 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

Robert M. Cuman

DRAY

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED	
James R. Favor & Company, LLC		Kappa Sigma Fraternity Alumni House Fund Association Inc	
POLICY NUMBER		1610 Scottsville Road Charlottesville, VA 22902	
SEE PAGE 1		onanottesvine, va 22302	
CARRIER	NAIC CODE		
SEE PAGE 1	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

Notice to Certificate Holder

We have received the insured's approval to provide the enclosed Certificate of Liability Insurance and Additional Insured terms and conditions information for your files.

Please review the enclosed certificate and the relevant additional policy forms carefully. The certificate is issued as a matter of information only. The actual insurance policy terms and conditions control and may not comply with or respond to all the provisions of your request.

We trust this handling meets with your approval. A full Specimen Policy is available for your review at www.favorandcompany.com. Should you have questions in any area, please contact our office.