

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED:	Date Issued	Insurers Affording Coverage	
Oregon Health & Science University, and its employees, officers and representatives 3181 SW Sam Jackson Park Road Mail Code L328 Portland, OR 97239-3098		INSURER A:	OPS Ltd
		INSURER B:	
		INSURER C:	
		INSURER D:	

COVERAGES:
This certificate is not intended to specify all endorsements, coverages, terms, conditions and exclusions of the policies shown.

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. Aggregate limits shown may have been reduced by paid claims.

Insr. Ltr.	TYPE OF INSURANCE	Policy Number	Policy Effective Date	Policy Expiration Date	LIMITS	
A	General Liability/ Professional Liability <input checked="" type="checkbox"/> Professional/ General Liability <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence Gen'l Aggregate Limit Applies Per: <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc	OPS070107	07/01/2007	07/01/2008	Each Claim	\$1,000,000
					Damage to Rented Premises	
					Medical Expense	
					Personal & Adv Injury	
					ANNUAL AGGREGATE	\$8,500,000
	Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit	
					Bodily Injury (per person)	
					Bodily Injury (per incident)	
					Auto Only (ea accident)	
					Other than Auto Only	
	Excess/ Umbrella Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence	
					Aggregate	
	Workers Compensation & Employers' Liability Any Proprietor/Partner/Executive Officer/ Member Excluded? (If yes, describe under SPECIAL PROVISIONS below)				<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other	
					EL Each Accident	
					EL Disease-EA Employee	
					EL Disease-Policy Limit	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER:
To Whom It May Concern

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to this certificate holder in lieu of such endorsement(s). 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 endorsements.

DISCLAIMER: This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.


Jilma Meneses, Authorized Representative
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Portland OR 97239
(503) 494-7189
Registered Office: Hamilton, Bermuda

