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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			SL012574-32	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED/EDP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRE AUTOS <input type="checkbox"/> NONOWNED AUTOS UMBRELLA/CAR <input type="checkbox"/> OCCUR EXCESS LIM <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION S			IS4H0609278	10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Per accident) \$ 2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE
B C D E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY/INDEPENDENT CONTRACTOR EXCLUDED If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	VALRC48830007 (AOS) VALRC48830008 (CALMA) VALRC48830008 (TIN) SOPC48830018 (PS)	10/01/2015 10/01/2015 10/01/2015 10/01/2015	10/01/2018 10/01/2018 10/01/2018 10/01/2018	<input checked="" type="checkbox"/> WORKERS COMP LIMS ALL FACTORY ACCIDENT \$ 1,000,000 ALL WORKER-S&A EMPLOYEE \$ 1,000,000 S&A WORKER-POLICY LIMIT \$ 1,000,000

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

Division Number: 167550 - Named Insured Includes: ThyssenKrupp Elevator Corporation - Address: 100 East Ferguson Suite 1100 Tyler, TX 75702

CERTIFICATE HOLDER

STEPHEN F AUSTIN STATE UNIVERSITY
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United States

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