

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/09/2023

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, subject ertificate does not confer rights t							require an endorsement	. A st	atement on	
PRODUCER					CONTACT NAME:							
MARSH USA, LLC.						NAME: PHONE (A/C, No, Ext): (A/C, No):						
800 Market Street, Suite 1800 St. Louis, MO 63101						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
	ļ	Attn: stlouis.certrequest@marsh.com									NAIC#	
CN101321765-EHI-BT1M-23-24 EHI .						INSURER A : ACE American Insurance Company					22667	
INSURED						INSURER B:						
		Enterprise Holdings, Inc. and its subsidiaries				INSURER C :						
		600 Corporate Park Drive				INSURER D :						
	5	St. Louis, MO 63105				INSURER E :						
CO	COVERAGES CERTIFICATE NUMBER:						INSURER F : CHI-009549096-08 REVISION NUMBER: 12					
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	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						
<u>`</u>		COMMERCIAL GENERAL LIABILITY					(MINUDDITIT)		EACH OCCURRENCE \$			
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:							11.020010 007017.00	\$		
А	AU	TOMOBILE LIABILITY			SCA H0824134A		08/01/2023	08/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	Х	ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	Х	SELF INSRD X MFR							(r er accident)	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
		RKERS COMPENSATION							PER OTH- STATUTE ER	Ť		
	ANY	D EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDENT	\$		
		ICER/MEMBER EXCLUDED? N Indatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If ye	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
		The state of the s								Ť		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) XZ12405												
CE	CERTIFICATE HOLDER						CANCELLATION					
Shannon Miller The Regents of the University of Colorado 1800 Grant Street, Suite 800 Denver, CO 80203							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						
							Marsh USA LLC					

AGENCY CUSTOMER ID: CN101321765

Loc #: St. Louis



ADDITIONAL REMARKS SCHEDLILE

ADDITIONAL	ADDITIONAL ILMANNO SCIILDULL						
AGENCY MARSH USA, LLC.		NAMED INSURED Enterprise Holdings, Inc. and its subsidiaries					
POLICY NUMBER CARRIER	NAIC CODE	600 Corporate Park Drive St. Louis, MO 63105					
CARNIER	NAIC CODE	EFFECTIVE DATE:					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM							

		St. Louis, MO 63105					
CARRIER	NAIC CODE						
		EFFECTIVE DATE:					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER:25 FORM TITLE: Certificate of Liability Insurance							
Coverage provided by this policy is subject to the terms of the Corporate Rental Agreement between the certificate holder and Enterprise Holdings, Inc. and its subsidiaries. The certificate holder is an additional insured under the policy in accordance with the terms of the policy and of their Corporate Rental Agreement with Enterprise Holdings, Inc. and its subsidiaries.							
The coverage provided hereunder is excess automobile liability only and is excess over the State Minimum Financial Responsibility limits (MFR) which vary by State of accident or rental; however the coverage provided hereunder is primary to all other insurance coverage.							