

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID PH
CHANT-2

DATE (MM/DD/YYYY)
01/31/08

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PRODUCER Peoples Underwriters, Inc. 400 Main Street Conway SC 29526 Phone: 843-248-5746 Fax: 843-248-2847	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED <div style="font-size: 2em; color: magenta; font-weight: bold;">2</div>	INSURER A: Hartford Fire Insurance Co.	19682
	INSURER B: Sentinel Ins. Co. (Hartford)	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <div style="font-size: 2em; color: magenta; font-weight: bold;">5</div> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<div style="font-size: 2em; color: magenta; font-weight: bold;">11</div>	<div style="font-size: 2em; color: magenta; font-weight: bold;">12</div>	<div style="font-size: 2em; color: magenta; font-weight: bold;">13</div>	EACH OCCURRENCE \$ 1000000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000				
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <div style="font-size: 2em; color: magenta; font-weight: bold;">14</div> <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<div style="font-size: 2em; color: magenta; font-weight: bold;">1498</div>	<div style="font-size: 2em; color: magenta; font-weight: bold;">11/24/07</div>	<div style="font-size: 2em; color: magenta; font-weight: bold;">12/31/07</div>	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
		BODILY INJURY (Per person) \$				
		BODILY INJURY (Per accident) \$				
		PROPERTY DAMAGE (Per accident) \$				
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <div style="font-size: 2em; color: magenta; font-weight: bold;">15</div>				AUTO ONLY - EA ACCIDENT \$
		OTHER THAN AUTO ONLY: EA ACC \$ AGG \$				
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <div style="font-size: 2em; color: magenta; font-weight: bold;">8</div> <input checked="" type="checkbox"/> RETENTION \$ 10000	<div style="font-size: 2em; color: magenta; font-weight: bold;">1584</div>	<div style="font-size: 2em; color: magenta; font-weight: bold;">1/24/07</div>	<div style="font-size: 2em; color: magenta; font-weight: bold;">12/31/07</div>	EACH OCCURRENCE \$ 2000000
		AGGREGATE \$				
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below <div style="font-size: 2em; color: magenta; font-weight: bold;">9</div>				W.C. STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
		OTHER <div style="font-size: 2em; color: magenta; font-weight: bold;">16</div>				

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

Coastal Carolina University

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CERTIFICATE HOLDER <div style="font-size: 2em; color: magenta; font-weight: bold;">10</div> Coastal Carolina University PO Box 261954 Conway SC 29528	COAST79	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE <div style="font-size: 2em; color: magenta; font-weight: bold;">17</div> ATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL N/A 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.
	AUTHORIZED REPRESENTATIVE Pamela G. Hughes CISR	<div style="font-size: 2em; color: magenta; font-weight: bold;">18</div>

