

<b>CERTIFICATE OF INSURANCE</b>		DATE	7/1/2024
<b>PRODUCER</b> BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 3835 HOLDREGE LINCOLN NE 68583		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.	
		<b>INSURERS AFFORDING COVERAGE</b>	
<b>INSURED</b> BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 3835 HOLDREGE LINCOLN NE 68583		INSURER A: Self Insured Trust Agreement	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A		<b>GENERAL LIABILITY</b>	SELF INSURED TRUST	7/1/2024	7/1/2025	EACH OCCURRENCE	\$1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)		
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)		
						PERSONAL & ADV INJURY		
						GENERAL AGGREGATE	\$3,000,000	
						PRODUCTS - COMP/OP AGG		
		GEN'L AGGREGATE LIMIT APPLIES PER:						
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A		<b>AUTOMOBILE LIABILITY</b>	SELF INSURED TRUST	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea Occurrence)	\$1,000,000	
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (per person)		
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (per accident)		
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (per accident)		
		<input checked="" type="checkbox"/> HIRED AUTOS						
		<input checked="" type="checkbox"/> NON - OWNED AUTOS						
		<b>GARAGE LIABILITY</b>				Auto Only - Ea Accident		
		Other than Auto Only:						
		EA ACC AGG						
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE		
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE		
		<input type="checkbox"/> DEDUCTIBLE						
		<input type="checkbox"/> RETENTION \$						
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER		
		If yes, describe under SPECIAL PROVISIONS below				E. L. EACH ACCIDENT		
						E. L. DISEASE-EA EMPLOYEE		
						E. L. DISEASE-POLICY LIMIT		
		<b>OTHER</b>						

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

Proof of insurance for the University of Nebraska Medical Center College of Allied Health Professions students, while on rotation or working on behalf of UNMC. The University of Nebraska General Self-Insurance Program covers liability losses involving "students in training", while acting within the scope of their employment for or on behalf of the University or when rendering services to another as part of his or her teaching by the University.

CERTIFICATE HOLDER

CANCELLATION

	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: Christopher J. Kabourek 