

**SCONCORDIA** DATE (MM/DD/YYYY) 12/29/2023



## CERTIFICATE OF LIABILITY INSURANCE

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

ti	is certificate does not confer rights							require an end	OI SCIIICII	A 3	tatement on	
PRC	DUCER				CONTA NAME:	СТ						
The Loomis Company P&C Division 850 N Park Road						PHONE (A/C, No, Ext): (610) 374-4040 FAX (A/C, No): (610) 376-1049						
	m Park Road omissing, PA 19610				E-MAIL ADDRE				, , , , , ,	·		
•						INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURE	RA: Contine					20443	
INSU	IRED	INSURER B:										
	International Institute for S	ustair	nable	Laboratories	INSURER C:							
C/O ERG 2300 Wilson Blvd, Suite 350 Arlington, VA 22201						INSURER D:						
						INSURER E :						
	• ,				INSURE							
CO	VERAGES CEI	RTIFI	CATE	E NUMBER:				REVISION NUI	MBER:		1	
IN C	HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI RTAIN, ICIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WI ED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR LTR			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	2,000,000	
	CLAIMS-MADE X OCCUR			6011884763		12/18/2023	12/18/2024	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	1,000,000	
								MED EXP (Any one	person)	\$	10,000	
								PERSONAL & ADV	INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	4,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM		\$	4,000,000 1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE	ELIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (P	or person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE accident)	\$		
	AUTOS ONLY AUTOS ONLY							(i ci accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE	<u> </u>						AGGREGATE	OL	\$		
	DED RETENTION \$							//OUNES/ITE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO				
	BESON HON OF ELECTIONS BOICK							E.E. BIOLINGE TO	LIOT LIMIT	Ψ		
Foll Ariz Cole	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC quired by written contract, the Certifica erms, conditions, and exclusions of the owing chapters are included as addition ona Chapter orado Chapter ATTACHED ACORD 101	e pol	icy. E	Blanket waiver of subrogat					contribute	ory ba	sis, subject to	
CE	RTIFICATE HOLDER				CANO	ELLATION						
Marriott Grand 800 Washington Ave St. Louis, MO						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						

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED				
The Loomis Company P&C Division		International Institute for Sustainable Laboratories C/O ERG 2300 Wilson Blvd, Suite 350 Arlington, VA 22201				
POLICY NUMBER						
SEE PAGE 1		Anington, VA 22201				
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				

## **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance
Description of Operations/Locations/Vehicles:
Pacific Northwest Chapter
Georgia Chapter of I2SL
Heart of America Chapter
Institute for Sustainable Laboratories - St Louis Chapter
National Capital Chapter
New England Chapter
North Carolina-Triangle Chapter
Northern California Chapter of I2SL

San Diego Chapter Great Lakes Chapter

Los Angeles/Orange County Chapter

Texas Chapter
Philly Chapter
Greater New York Chapter

I2SL Annual Conference, September 29-October 2, 2024 at the Marriott Grand (800 Washington Avenue, St. Louis, MO)