

COMCAST BUSINESS

Certificate of Insurance

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/26/2018		
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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER MARSH USA INC 1717 Arch Street Philadelphia, PA 19103-2707 Attn: Comcast.Cert@marsh.com Fax: 215 948 0362			CONTACT NAME PHONE (A/C, H/O, FAX) E-MAIL ADDRESS			
INSURED COMCAST CORPORATION ONE COMCAST CENTER 100 JOHN F. KENNEDY BLVD PHILADELPHIA, PA 19103			INSURER(S) AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Indemnity Ins Co of North America INSURER C: ACE Property And Casualty Ins Co INSURER D: ACE Fire Underwriters Ins Co INSURER E: INSURER F:			
			NAIC # 22497 43575 21639 20002			
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
		CLE-00523417-11				
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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY		XSLG7-209313	12/01/2018	12/31/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) MED EXP (Any one person) PERSONAL & AD INJURY GENERAL AGGREGATE PRODUCTS, COMPLE AGG OTHER
	CLAIMS MADE					\$ 4,900,000 \$ 4,500,000 \$ 10,000 \$ 4,900,000 \$ 25,000,000 \$ 5,000,000
A	ANY AUTO		GAH20-275854	12/01/2018	12/31/2019	COMBINED SINGLE LIMIT (Per accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	OWNERS AUTOS ONLY HIREN D AUTOS ONLY	NONRENTED AUTOS RENTED AUTOS ONLY				\$ 10,000,000 \$ \$ \$
C	UMBRELLA LIAB		XCO-027924843-114	12/01/2018	12/31/2019	EACH OCCURRENCE AGGREGATE
	EXCESS LIAB					\$ 10,000,000 \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WLR-005440308 (AUS)	12/01/2018	12/31/2019	PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	ANY/PROPR (LONG-TERM) - EXCESS - LIVE OFFICER/EXECUTIVE/KEY EMPLOYEES (Mandatory in PA)	Y/N N	WLR-00544043A (CA MA) SCF-005440519 (WA)	12/01/2018 12/01/2018	12/31/2019 12/31/2019	\$ 2,000,000 \$ 2,000,000 \$ 2,000,000
A	Excess Workers Compensation		WOLC00440477 (WA)	12/01/2018	12/31/2019	Ea Acc/Em Employee/Un Policy SIR
						\$ 2,000,000 \$ 5,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
EVIDENCE OF INSURANCE						
CERTIFICATE HOLDER			CANCELLATION			
COMCAST BUSINESS COMMUNICATIONS, LLC ONE COMCAST CENTER 1701 JOHN F. KENNEDY BLVD PHILADELPHIA, PA 19103			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 of Marsh USA Inc. Manasita Mukherjee			

© 1988-2016 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD