



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/04/2024

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 LLC 1717 Arch Street PHILADELPHIA, PA 19103-2797 CN102051407--GAWU-24-25	CONTACT NAME: 		FAX (A/C, No):
	PHONE (A/C, No, Ext): 		
E-MAIL ADDRESS: 			
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : National Union Fire Insurance Co.			19445
INSURER B : AIU Insurance Co			19399
INSURER C : AIG Specialty Insurance Company			26883
INSURER D :			
INSURER E :			
INSURER F :			

COVERAGES	CERTIFICATE NUMBER: CLE-006934962-04	REVISION NUMBER: 1
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			GL3372553	01/01/2024	01/01/2025	EACH OCCURRENCE	\$ 5,000,000
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 5,000,000
								GENERAL AGGREGATE	\$ 6,000,000
								PRODUCTS - COMP/OP AGG	\$ 5,000,000
									\$
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:									
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY			See Acord 101	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ SEE ACORD 101
	<input checked="" type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>								\$
C	<input checked="" type="checkbox"/>	UMBRELLA LIAB			38178902	01/01/2024	01/01/2025	EACH OCCURRENCE	\$ 10,000,000
		EXCESS LIAB						AGGREGATE	\$ 10,000,000
		DED <input checked="" type="checkbox"/> RETENTION \$ 10,000,000							\$
B	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC062790867 (AOS)	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
B		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	WC062790868 (CA)	01/01/2024	01/01/2025	E.L. EACH ACCIDENT	\$ 5,000,000
B		If yes, describe under DESCRIPTION OF OPERATIONS below			WC062790869 (WI)	01/01/2024	01/01/2025	E.L. DISEASE - EA EMPLOYEE	\$ 5,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Regents of the University of Colorado, a body corporate ARE NAMED AS ADDITIONAL INSURED WITH REGARDS TO GENERAL LIABILITY FOR ALL WORK CONTRACTUALLY OBLIGATED PURSUANT TO THE AGREEMENT WHERE REQUIRED BY WRITTEN CONTRACT. Coverage for a loss under this policy is primary and non-contributory.

CERTIFICATE HOLDER The Regents of the University of Colorado 1800 Grant Street, Suite 800 Denver, CO 80203	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 of Marsh USA LLC <i>Marsh USA LLC</i>



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA LLC		NAMED INSURED Hertz Global Holdings, Inc. 8501 Williams Road Estero, FL 33928-3325	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Contingent General Liability

Policy Number: GL3372554
 Carrier: National Union Fire Insurance Company
 Policy Term: 1/1/2024-2025
 States Covered: AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KY, LA, MA, MD, MI, MN, MO, NC, NJ, NM, NV, NY, OK, OR, PA, TN, TX, UT, VA
 Limit: \$1,000,000

Auto Dealers Auto Liability (AOS)

Policy Number: AL4805390
 Carrier: National Union Fire Insurance Company
 Policy Term: 1/1/2024-2025
 States Covered: AOS
 Limit: \$2,000,000
 Includes Garage Liability

Rental Fleet Auto Liability (AOS)

Policy Number: AL4805386
 Carrier: National Union Fire Insurance Company
 Policy Term: 1/1/2024-2025
 States Covered: AR, CO, HI, MI, MN, NH, NM, OR, RI, SD, WI
 Limit: \$100,000

Shuttle Bus Auto Liability (AOS)

Policy Number: AL4805387
 Carrier: National Union Fire Insurance Company
 Policy Term: 1/1/2024-2025
 States Covered: CA, CO, CT, FL, IL, KY, MI, MO, NC, NY, PA, TX, VA
 Limit: \$1,000,000

Shuttle Bus Auto Liability (MA)

Policy Number: AL4805388
 Carrier: AIU Insurance Company
 Policy Term: 1/1/2024-2025
 States Covered: MA
 Limit: \$1,000,000



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA LLC		NAMED INSURED Hertz Global Holdings, Inc. 8501 Williams Road Estero, FL 33928-3325	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Named Insureds:

1. The Hertz Corporation
2. Hertz Vehicles, LLC
3. Hertz Local Edition (HLE)
4. Firely Rent A Car LLC
5. Dollar Thrifty Automotive Group, Inc.
6. DTG Operations, Inc.
7. DTG Operations, Inc. d/b/a Dollar Rent A Car
8. DTG Operations, Inc. d/b/a Thrifty Car Rental
9. Rental Car Finance Corp.
10. Thrifty Rent-A-Car System, Inc.
11. Dollar Rent A Car, Inc.
12. DTG Supply, Inc.
13. Thrifty Car Sales, Inc.