Client#: 1650851 NATIOMAR7

$ACORD_{in}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/26/2022

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 confor any rights to the certificate holder in liquid such and recommends.

	is certificate does not confer any righ	ts to	the o	certificate holder in lieu o	of such	endorsemer			stateme		
PRODUCER Vous Agent of Proker						CONTACT NAME:					
Your Agent or Broker					PHONE FAX (A/C, No, Ext): (A/C, No):						
Address					E-MAIL ADDRESS:						
City, State, Zip					INSURER(S)			AFFORDING COVERAGE		NAIC#	
					INSURE	R A : ABC Inst	urance Comp	any	1	12345	
INSURED					INSURER B : CDE Insurance Company					67890	
	Your company Name				INSURER C:						
Address					INSURER D:						
	City, State,Zip				INSURER E :						
					INSURE						
CO	VERAGES CER	ATE					REVISION NUMBER:				
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P KCLUSIONS AND CONDITIONS OF SUCH	QUIRE ERTA POLI	MENT IN, T CIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED E	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT TO A	TO WHI	CH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			Your Policy No.		1/1/23	1/1/24	EACH OCCURRENCE \$1,00		,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,0	00	
				Specimen Only				MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$1,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$1,000	,000	
	OTHER:								\$		
В	AUTOMOBILE LIABILITY			Your Policy No.		1/1/23	1/1/24	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 500,0	00	
X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY				Policy dates mus	t cov	er show (dates inc	luding move-in ar	nd mo	ove-out	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Nev Nat	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC W England Boat Show - February Cional Marine Manufacturers and I Ider General Liability and auto liab	11th 3ost	to F	ebruary 21st, 2023 inc	luding	j move-in a	nd move-ou	ıt			
CEF	RTIFICATE HOLDER				CANC	ELLATION					

National Marine Manufacturers Association 231 S LaSalle Street, Suite 2050 Chicago, IL 60604-1440

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

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