Client#: 1650851 NATIOMAR7

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/21/2022

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 confer any rights to the certificate holder in lieu of such endorsement(s).

	nis certificate does not confer any righ			of such	endorsemen		ane an endorsement. A :	siaicill	ont on	
PRODUCER					CONTACT NAME:					
Υo	ur Agent or Broker			PHONE FAX (A/C, No, Ext): (A/C, No):						
Address City, State, Zip					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURER A: ABC Insurance Company				12345	
INSURED Name					INSURER B : CDE Insurance Company					
	Your company Name			INSURER C:						
	Address			INSURER D :						
	City, State,Zip			INSURE	ISURER E :					
					INSURER F:					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUCH	QUIREME ERTAIN, POLICIE	NT, TERM OR CONDITION OF THE INSURANCE AFFORDER S. LIMITS SHOWN MAY HAV	F ANY D BY TI	CONTRACT OF HE POLICIES N REDUCED E	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WH	ICH THIS	
NSR _TR	TYPE OF INSURANCE	INSK WVD		POLICY EFF POLI (MM/DD/YYYY) (MM/D		(MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		Your Policy No.		1/6/23	1/16/23	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)			
			Specimen Only				MED EXP (Any one person)			
							PERSONAL & ADV INJURY	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000		
В	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$1,00 \$	0,000	
	AUTOMOBILE LIABILITY		Your Policy No.		1/6/23	1/16/23	COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 500,0	000	
	X ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY		Policy dates mus	t cov	er show o	dates inc	luding move-in ar	nd mo	ove-out	
	UMBRELLA LIAB OCCUR									
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION						PER OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N	N/A					PER OTH- STATUTE ER	\$		
	(Mandatory in NH)	N/ A					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
RE Na	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC: Atlanta Boat Show - January 6th tional Marine Manufacturers and Coneral Liability and auto liability.	-16th,2	023 including move-in a	and mo	ove-out		•			
<u></u>	RTIFICATE HOLDER			CANO	ELLATION					
CERTIFICATE HOLDER  National Marine Manufacturers  Association					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.					

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231 S LaSalle street, Suite 2050

Chicago, IL 60604-1440

AUTHORIZED REPRESENTATIVE

