C	lient#: 16508	51		NATI	OMAR7		
ACORD. CE	RTIFICA	TE OF LIAB	ILITY INS	URAN	CE	DATE (MM/DD 7/21/202	
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF I REPRESENTATIVE OR PRODUCI IMPORTANT: If the certificate hol If SUBROGATION IS WAIVED, su	IATIVELY OR N NSURANCE DO ER, AND THE C der is an ADDI	NEGATIVELY AMEND, EX DES NOT CONSTITUTE A ERTIFICATE HOLDER. TIONAL INSURED, the po	TEND OR ALTER T CONTRACT BETW licy(ies) must have	HE COVERA	GE AFFORDED BY TH SUING INSURER(S), AI	E POLICIES	rsed.
this certificate does not confer an			of such endorseme				
PRODUCER Your Agent or Broker Address City, State, Zip			CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No	o):	NAIC #
			INSURER A : ABC Insurance Company				345
INSURED Your company Name Address City, State,Zip			INSURER B : CDE Insurance Company INSURER C : INSURER D : INSURER E :				890
COVERAGES	CERTIFICATE		INSURER F :		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE PC INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF INSR LTR TYPE OF INSURANCE	LICIES OF INSU Y REQUIREMEN MAY PERTAIN, SUCH POLICIES	RANCE LISTED BELOW HA IT, TERM OR CONDITION O THE INSURANCE AFFORDE LIMITS SHOWN MAY HA I	F ANY CONTRACT C D BY THE POLICIES /E BEEN REDUCED	OR OTHER DO	D NAMED ABOVE FOR TH CUMENT WITH RESPEC HEREIN IS SUBJECT TO IMS.	т то which	THIS
A X COMMERCIAL GENERAL LIABILITY	INSR WVD	Your Policy No.	1/3/25	1/14/25	EACH OCCURRENCE	\$1,000,0	00
GEN'L AGGREGATE LIMIT APPLIES PER		Specimen Only			DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGO	\$100,000 \$ \$1,000,00 \$2,000,00	00 00 00
B AUTOMOBILE LIABILITY		Your Policy No.	1/3/25	1/14/25	COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 500,000	)
X     ANY AUTO       OWNED     AUTOS ONLY       AUTOS ONLY     AUTOS       HIRED     NON-OWNE       AUTOS ONLY     AUTOS ON       UMBRELLA LIAB     OCCUR	D Y	Policy dates mus	t cover show	dates inc	BODILY INJURY (Per person)		e-out –
EXCESS LIAB CLAIMS					AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIV OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X (N				PER STATUTE OT E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOY E.L. DISEASE - POLICY LIMI	\$ H- \$ EE \$	
DESCRIPTION OF OPERATIONS / LOCATIONS RE: Atlanta Boat Show - Januar National Marine Manufacturers General Liability and auto liabil	y 3rd-14th, 20 and Georgia	025 including move-in	and move-out or are included as				
CERTIFICATE HOLDER			CANCELLATION				
National Marine Manufacturers Association 10 S. LaSalle Street Ste 3500 Chicago, IL 60603			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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