Client#: 1650851 NATIOMAR7

 $ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/22/2022

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 require an endorsement.

	is certificate does not confer any righ	ts to th	he certificate holder in lieu			nt(s).				
Your Agent or Broker Address City, State, Zip					CONTACT NAME:					
					PHONE					
					S:				_	
					INSURER(S) AFFORDING COVERAGE INSURER A : ABC Insurance Company				NAIC#	
									12345	
					INSURER B : CDE Insurance Company				67890	
Your company Name					INSURER C:					
Address City, State,Zip					INSURER D : INSURER E :					
201	/ERAGES CER	TITIC A	TE NUMBER:	INSURER	RF:		REVISION NUMBER:			
TH	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE	OF IN	SURANCE LISTED BELOW HA				D NAMED ABOVE FOR THE			
CI	ERTIFICATE MAY BE ISSUED OR MAY P (CLUSIONS AND CONDITIONS OF SUCH	ERTAIN	I, THE INSURANCE AFFORDE	D BY TH	IE POLICIES	DESCRIBED	HEREIN IS SUBJECT TO A			
ISR TR	TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		Your Policy No.		1/22/23	1/30/23			0,000	
			Specimen Only				MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$1.00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		0,000	
	PRO-						PRODUCTS - COMP/OP AGG		0,000	
	. 62.6: 62.6: 200						FRODUCTS - COMIF/OF AGG	\$ 1,00	0,000	
3	OTHER: AUTOMOBILE LIABILITY		Your Policy No.	- 4	/22/22	1/30/23	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 500,	000	
	OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY									
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION						PER OTH- STATUTE ER	Ţ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E.L. DISEASE - POLICY LIMIT			
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
)ES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	OPD 101 Additional Bamarka Sahad	lula may b	n attached if	ro enace le re-	uirod)			
	Louisville Boat Show - January									
	ional Marine Manufacturers Asso			_						
	ureds under General Liability and									
	a. Just aliasi Golleral Elability alia	4410								
CERTIFICATE HOLDER					CANCELLATION					
	National Marine Manufac	turers	•	SHOU			DESCRIBED POLICIES BE CA			

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Association

231 S LaSalle Street, Suite 2050

Chicago, IL 60604-1440

