Client#: 4240 **PLAS** 

_	<u> 4C</u>	ORD CERTIFIC	CATE OF LIA	BILITY IN	ISURAN	CE	DATE (MM/DD/YYYY)	
	Sura	nnce Company/Agent		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
		<del>.</del> .		INSURERS A	FFORDING COVE	RAGE	NAIC#	
INSU	RED			INSURER A:				
Company Name, Booth Number				INSURER B:				
Address				INSURER C:				
		City, State Zip Coun	trv	INSURER D:				
				INSURER E:				
COVERAGES								
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMI	TS	
Α		GENERAL LIABILITY	1		1	EACH OCCURRENCE	\$1,000,000	
		X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$10,000	
						PERSONAL & ADV INJURY	\$1,000,000	
						GENERAL AGGREGATE	\$2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$1,000,000	
Α		POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO			,	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
		ALL OWNED AUTOS SCHEDULED AUTOS		4/		BODILY INJURY (Per person)	\$	
		X HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
				,		PROPERTY DAMAGE (Per accident)	\$	
		ANY AUTO				AUTO ONLY - EA ACCIDENT  EA ACC	\$	
		71117070				OTHER THAN AUTO ONLY:  AGG		
Α		EXCESS / UMBRELLA LIABILITY	I.			EACH OCCURRENCE	\$	
		OCCUR CLAIMS MADE				AGGREGATE	\$	
							\$	
		DEDUCTIBLE					\$	
		RETENTION \$					\$	
Α		KERS COMPENSATION AND LOYERS' LIABILITY			(	WC STATU- OTH TORY LIMITS ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N				E.L. EACH ACCIDENT	\$1,000,000	
		CER/MEMBER EXCLUDED? datory in NH)				E.L. DISEASE - EA EMPLOYE	\$1,000,000	
	SPEC	, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$1,000,000	
	ОТНЕ	ER .						
DESC	RIPTI	UN OF OPERATIONS / LOCATIONS / VEHICL	ES / EXCLUSIONS ADDED BY ENDOR	SEMENT / SPECIAL PROV	ISIONS	1		
Eve	ent:	Event Name - Details						
		1						
		Event Date						
CE	RTIFI	CATE HOLDER		CANCELLAT	CANCELLATION 10 Days for Non-Payment			
Assn Name				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
ı				DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN				
Assn Address				NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
And/Or				IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
Facility Name				REPRESENTATIVES.				
Facility Address				AUTHORIZED REPRESENTATIVE				
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