

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/11/2018

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 rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER					CONTACT NAME:						
					PHONE						
Your Agent or Broker					E-MAIL ADDRESS:						
Address					INSURER(S) AFFORDING COVERAGE NAIC #						
City, State, Zip					INSURER A:						
INSURED					INSURER B:						
Your Company Name					INSURER C:						
Address					INSURER D:						
City,State,Zip					INSURER E:						
COVERAGES CERTIFICATE NUMBER: 13289321					REVISION NUMBER: See below						
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR TYPE OF INSURANCE		D WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			Your Policy No.		1/1/2019	1/1/2020	EACH OCCURREN DAMAGE TO RENT	ED	\$	1,000,000	
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$		\$	100,000	
							PERSONAL & ADV		\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:									\$	2,000,000	
X POLICY PROJECT LOC OTHER:			SPECIMEN ONLY				PRODUCTS - COM	P/OP AGG	\$	1,000,000	
AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$		
ANY AUTO							BODILY INJURY (P	er person)	\$		
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$				
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA	GE	\$		
AUTOS ONET							(i el accident)		\$		
UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	AGGREGATE \$			
DED RETENTION\$									\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE 17 N	N/A						E.L. EACH ACCIDE	NT	\$		
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) With respect to the Minneapolis Boat Show 01/20/19 to 01/28/19 (including move-in/move-out), NMMA, Minneapolis Boat Show, and Minneapolis Convention Center are included as additional insureds.											
CERTIFICATE HOLDER	CANCELLATION										
Progressive Insurance Minneapolis Boat Show c/o NMMA 231 S. La Salle St., Ste. 2050					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Chicago, IL 60604					AUTHORIZED REPRESENTATIVE Grandson						

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