Sample



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).

39 Ryder A Dix Hills, N	<mark>Y 11746</mark>	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):		
www.Rainprotection.net			INSURER(S) AFFORDING COVERAGE	NAIC#	
		INSURER A:	Insurance Company Name		
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:			
	ITS PARTICIPATING MEMBERS:				
Exhibitor Name Street City, State, Zip Code		INSURER D:			
		INSURER E :			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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, EXPLISIONS AND CONDITIONS OF SLICH POLICIES LIMITS SHOWN MAY HAVE BEEN BEDLICED BY PAID OF ALMS

EX	CLUSIONS AND CONDITIONS OF SUCH				REDUCED BY PA	ID CLAIMS.		
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	i
	GENERAL LIABILITY						GENERAL AGGREGATE	\$ 2,000,000
A	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	CLAIMS-MADE X OCCUR			Policy Number	11/24/2023	12/01/2023 12:01 AM -	PERSONAL & ADV INJURY	\$ (1,000,000)
			X		12:01 AM		EACH OCCURRENCE	\$ (1,000,000)
	GEN'L AGGREGATE LIMIT APPLIES PER:						FIRE DAMAGE (Any one fire)	\$ 300,000
					ı	MED EXP (Any one person)	\$ 5,000	
	X POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO ALL OWNED CHEDULLD AUTOS						BODILY I erson)	\$
							BODILY I JRY (Per accident)	\$
	HIRED AUTO NO.						PROPERT MANAGE (Per accide	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS -	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					ŀ	E.L. DISEASE - EA EMPLOYEE	*
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
							AD&D MAXIMUM MEDICAL DEDUCTIBLE	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICI ES	(Attac	ch ACOPD 101 Additional Pomarka School	ulo if more enace is	roquirod)	TERMS OF PAYMENT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured: Greater New York Dental Meeting Organization Committee, The New York Convention Center Development Corporation, The Empire State Development Corporation, Tri-Borough and Tunnel Authority and Freeman. As respects to claims arising out of the operations of Exhibiting Company at the Greater New York Dental Meeting, November 26-29, 2023.

CERTIFICATE HOLDE	R
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Greater New York Dental Meeting
Organization Committee
200 W. 41 Street – Suite 1101
New York City, NY 10036

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.

AUTHORIZED REPRESENTATIVE

Rainprotection Insurance