#### DISCOVER BOATING ATLANTIC CITY BOAT SHOW

# LIABILITY INSURANCE NOTICE

### PROGRESSIVE®

LIABILITY

**INSURANCE** 

National Marine Manufacturers Association requires each exhibitor to submit a current version of their Certificate of Insurance as part of the contract requirements.

Please have your insurance agent or broker provide a current Certificate of Insurance within thirty (30) business days to avoid any issues.

#### The Certificate of Insurance must meet the highlighted SPECIFIC requirements documented in the <u>SAMPLE CERTIFICATE</u>. This is the only document we will accept. All other documents will be returned. You will not have access to order Digital Credentials or Be My Guest Tickets until it is corrected.

You can upload your certificate through the NMMA Portal. If you have not received your individual link to the portal, please contact Monica Puentes at <u>mpuentes@nmma.org</u>

NOTE: Auto coverage is only required if you are driving into the facility or operating an auto on the show floor.

Should you have any questions, please contact Monica Puentes at mpuentes@nmma.org

## ACORD... CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/16/2024

C B	HIS CERTIFICATE IS ISSUED AS A MA ERTIFICATE DOES NOT AFFIRMATIVE ELOW. THIS CERTIFICATE OF INSUR/ EPRESENTATIVE OR PRODUCER, AN	ELY ( ANCE	or n E do	EGATIVELY AMEND, EXTE ES NOT CONSTITUTE A CO	ND OR ALTER T	HE COVERA	N THE CERTIFICATE HOL GE AFFORDED BY THE P	DER.	IES
lf	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to his certificate does not confer any righ	o the	term	is and conditions of the po	licy, certain polic	ies may requ			
	DUCER				ONTACT AME:				
Yo	ur Agent or Broker			P	PHONE FAX				
Ad	dress			E	E-MAIL				
City, State, Zip					ADDRESS: INSURER(S) AFFORDING COVERAGE				NAIC #
					INSURER A : ABC Insurance Company				12345
					INSURER B : CDE Insurance Company				67890
Your company Name									01000
	Address								
City, State,Zip					INSURER D :				
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				NUMBER:			REVISION NUMBER:		
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PI XCLUSIONS AND CONDITIONS OF SUCH	QUIRE ERTA POLI	MEN IN, T CIES.	T, TERM OR CONDITION OF A HE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE	ANY CONTRACT O BY THE POLICIES BEEN REDUCED I	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT TO HEREIN IS SUBJECT TO AL MS.	о wн	ICH THIS
INSR LTR		NSR	SUBR WVD		POLICY EFF (MM/DD/YYYY)		LIMITS		
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				Specimen Only			MED EXP (Any one person) \$	5	
							PERSONAL & ADV INJURY \$	5 <b>1,00</b>	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,00	0,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$	1,00	0,000
	OTHER:						\$		-,
в				Your Policy No.	1/1/24	1/1/25	COMBINED SINGLE LIMIT (Ea accident) \$	500,	000
	X     ANY AUTO       OWNED     SCHEDULED       AUTOS ONLY     AUTOS       HIRED     NON-OWNED       AUTOS ONLY     AUTOS ONLY       UMBRELLA LIAB     OCCUR       EXCESS LIAB     CLAIMS-MADE			Policy dates must			EACH OCCURRENCE \$	6	
	DED RETENTION \$						\$	3	
	WORKERS COMPENSATION						PER OTH-	,	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT \$	:	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under								
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	>	
Atla Nat	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI antic City Boat Show - February 2 tional Marine Manufacturers and A neral Liability and auto liability.	2nd	to M	arch 5th, 2025 including	move-in and m	nove-out			
CE	RTIFICATE HOLDER			C	ANCELLATION				
	National Marine Manufac Association 10 S LaSalle Street, Suite		-		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
					Ban, 5 L	-			

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