



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/18/2020

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).

<b>PRODUCER</b>  Your Agent or Broker  Address  City, State, Zip		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:		FAX (A/C, No):																						
<b>INSURED</b>  Your Company Name  Address  City, State, Zip		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td></td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>				INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:			INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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## COVERAGES

CERTIFICATE NUMBER: 12958584

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	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Your Policy No.  <div style="border: 2px solid blue; padding: 5px; display: inline-block;">             These dates must cover              2/26/2022- 3/8/2022           </div> SPECIMEN ONLY	2/26/2022	3/8/2022	<table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>\$</td> <td>1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td>\$</td> <td>100,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$</td> <td></td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td>\$</td> <td>1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$</td> <td>2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td>\$</td> <td>1,000,000</td> </tr> <tr> <td></td> <td>\$</td> <td></td> </tr> </table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	MED EXP (Any one person)	\$		PERSONAL & ADV INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS - COMP/OP AGG	\$	1,000,000		\$	
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A				<table border="1"> <tr> <td>PER STATUTE</td> <td>OTH-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </table>	PER STATUTE	OTH-ER		E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$									
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

With respect to the Atlantic City Boat Show 2/26/2022 – 3/8/2022 (including move in/move-out), National Marine Manufacturers Association, Atlantic City Convention Center, and Atlantic City, NJ their respective members, parents, partners, subsidiaries, affiliates, officers, directors, staff, consultants, agents, subcontractors and employees must be named as additionally insured with regard to ongoing and completed operations, with respect to Commercial General Liability and Auto Liability as required by written contract. Coverage must be primary and non-contributory and a waiver of subrogation must apply to all policies. A thirty (30) day notice of cancellation with the exception of ten (10 days) notice for nonpayment of premium must be endorsed on all policies. All requested endorsements forms must accompany the certificate submission.

## CERTIFICATE HOLDER

Atlantic City Boat Show  
c/o NMMA  
231 S. La Salle St., Ste. 2050  
Chicago, IL 60604

## 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

*Jeannine Brandon*

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ACORD 25 (2016/03)

(This certificate replaces certificate# 11797282 issued on 5/24/2017)