CERTIFICATE OF LIABILITY INSURANCE ACORD...

DATE (MM/DD/YYYY) 07/16/2023

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

th	is c	ertificate does not confer any righ	nts to	the	certificate holder in lieu o	f such	endorseme	nt(s).				
PRO	DUCE	R				CONTACT NAME:						
Your Agent or Broker							PHONE FAX (A/C, No, Ext): (A/C, No):					
Address							E-MAIL ADDRESS:					
City, State, Zip							INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A : ABC Insurance Company					12345	
INSU	IRED						INSURER B : CDE Insurance Company				67890	
Your company Name							INSURER C:					
Address							INSURER D :					
City, State,Zip							INSURER E :					
							INSURER F:					
CO	VER	AGES CER	TIFIC	FICATE NUMBER:			REVISION NUMBER:					
IN CI EX INSR LTR A	IDICA ERTII XCLU X	TED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY POSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR VL AGGREGATE LIMIT APPLIES PER: POLICY PROPERTY LOCUS OTHER:	QUIRI ERTA POL	EMEN IN, T ICIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV POLICY NUMBER Your Policy No. Specimen Only	F ANY D BY T E BEE	CONTRACT OF HE POLICIES N REDUCED I POLICY EFF (MM/DD/YYYY) 1/1/23	R OTHER DOI DESCRIBED I BY PAID CLAI POLICY EXP (MM/DD/YYYY) 1/1/24	CUMENT WITH RESPECT HEREIN IS SUBJECT TO / MS. LIMIT EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	ALL THE TERMS,		
В		OMOBILE LIABILITY			Your Policy No.		1/1/23	1/1/24	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 500,	000	
	X	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE			Policy dates mus	t cov	er show	dates inc	LEACH OCCURRENCE AGGREGATE	s s	ove-out	

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

Atlantic City Boat Show - February 23rd to March 6th, 2024 including move-in and move-out

N/A

National Marine Manufacturers and Atlantic City Convention Center are included as additional insureds under General Liability and auto liability.

CERTIFICATE HOLDER	CANCELLATION					
National Marine Manufacturers Association 10 S LaSalle Street, Suite 3500	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 60603	AUTHORIZED REPRESENTATIVE					

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PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

OTH-ER

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

(Mandatory in NH)

If yes, describe under

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

DESCRIPTION OF OPERATIONS below