

LGEORGE

CERTIFICATE OF LIABILITY INSURANCE

3/27/2019

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).

this ce	ertificate does not con	ter rights to	tne	cert	ificate noider in lieu of su								
PRODUCER Loomis & LaPann, Inc. 518-792-6561 228 Glen Street, PO Box 2158 Glens Falls, NY 12801							CONTACT Lori George						
							PHONE (A/C, No, Ext): (518) 792-6561 FAX (A/C, No): (518)					792-3426	
							E-MAIL ADDRESS: Igeorge@loomislapann.com						
							INSURER(S) AFFORDING COVERAGE					NAIC#	
							INSURER A: Houston Casualty Company					42374	
US Orienteering Federation and Its Member Clubs dba Orienteering USA 1405 S Fern St #90654 Arlington, VA 22202							INSURER B:						
							INSURER C:						
							INSURER D:						
							INSURER E :						
							INSURER F:						
COVERAGES CERTI					NUMBER:	REVISION NUMBER:							
							EEN ICCLIED I				LIE DO	LICY DEDICE	
INDICA CERTIF	TED. NOTWITHSTAND FICATE MAY BE ISSUEI	ING ANY RI D OR MAY	EQUI PER	REME TAIN,	SURANCE LISTED BELOW I ENT, TERM OR CONDITIOI THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WI	TH RESPE	CT TC	WHICH THIS	
INSR TYPE OF INCUPANCE			ADDL SUBR			POLICY EFF POLICY EX							
A X COMMERCIAL GENERAL LIABILITY			INSD	WVD	I GLICI NUMBER	(MM/DD/YYYY)		(MM/DD/YYYY)				2,000,000	
					40/7000407		4/4/0040		DAMAGE TO RENT		\$	300,000	
CLAIMS-MADE X OCCUR			X		19/7006167		1/1/2019	1/1/2020	PREMISES (Ea occ	urrence)	\$		
ГШ									MED EXP (Any one	person)	\$	5,000	
									PERSONAL & ADV	INJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGRE	GATE	\$	5,000,000	
POLICY X PRO- JECT LOC									PRODUCTS - COM	P/OP AGG	\$	2,000,000	
	OTHER:	_								.,	\$		
ΔΙΙΤ	OMOBILE LIABILITY								COMBINED SINGL	E LIMIT	\$		
	ANY AUTO								(Ea accident)				
		EDULED OS							BODILY INJURY (P		\$		
									BODILY INJURY (P PROPERTY DAMA		\$		
	HIRED AUTOS ONLY NON-AUTO	I-OWNED OS ONLY							(Per accident)	02	\$		
											\$		
	UMBRELLA LIAB	OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB C	CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$										\$		
WOR	KERS COMPENSATION EMPLOYERS' LIABILITY								PER STATUTE	OTH- ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. EACH ACCIDE	· ·	\$		
			N/A						E.L. DISEASE - EA				
DESC	CRIPTION OF OPERATIONS be	elow							E.L. DISEASE - PO	LICY LIMIT	\$		
EVENT D	on of operations / Locat AME: Greater Phoenix (ATE: June 15-16, 2019 OCATION: Ft. Tuthill Co e Holder is named as ac	ounty Park a	ınd L	.owel	o 101, Additional Remarks Schedu gstaff Orienteering Weeke I Observatory	ile, may b	e attached if mor	e space is requir	ed)				
CERTIFICATE HOLDER							CANCELLATION						
Coconino County 219 E Cherry Ave. Flagstaff, AZ 86001							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							