

USORIEN-01

CERTIFICATE OF LIABILITY INSURANCE

LGEORGE

DATE (MM/DD/YYYY) 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

tl	nis certificate does not confer rights to	the	certi	ficate holder in lieu of su		. ,					
PRODUCER Loomis & LaPann, Inc. 518-792-6561 228 Glen Street, PO Box 2158 Glens Falls, NY 12801						CT Lori Geo	rge				
						PHONE (A/C, No, Ext): (518) 792-6561 FAX (A/C, No): (518) 792-3426					
						ss: lgeorge@	loomislap				
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#	
					INSURE	R A : Houstor	•			42374	
INSI	JRED			INSURER B:					1		
US Orienteering Federation and Its Member Clubs dba Orienteering USA 1405 S Fern St #90654 Arlington, VA 22202						INSURER C:					
						INSURER D: INSURER E:				+	
										+	
				INSURER F:							
				NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	T OR OTHER	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	TS		
A	X COMMERCIAL GENERAL LIABILITY	IIIOD				(11111/20/1111)	(11111111111111111111111111111111111111	EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR	Х		19/7006167		1/1/2019	1/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
		-						MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000	
	POLICY X PRO- LOC							PRODUCTS - COMP/OP AGG		2,000,000	
								PRODUCTS - COMP/OP AGG			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
								(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	,,,						E.L. DISEASE - EA EMPLOYE	≣ \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
1											
EVE	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL NT NAME: Greater Phoenix Orienteering NT DATE: June 15-16, 2019 NT LOCATION: Ft. Tuthill County Park a ificate Holder is named as additional ins	ind L	.owel		le, may b nd	e attached if more	e space is requir	ed)			
CERTIFICATE HOLDER						CANCELLATION					
Flagstaff Extreme, LLC 23 E 15th St. Tempe, AZ 85281						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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