

LGEORGE



DATE (MM/DD/YYYY)
2/5/2019

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).

ti	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su								
	DUCER				CONTACT Lori George							
Loomis & LaPann, Inc. 228 Glen Street, PO Box 2158 Glens Falls, NY 12801						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 #	
					INCUDE		- (-/				42374	
INSURED						INSURER A : Houston Casualty Company 42374 INSURER B :						
US Orienteering Federation and Its Member Clubs												
dba Orienteering USA					INSURER C: INSURER D:							
1405 S Fern St #90654 Arlington, VA 22202					INSURER E :							
	Aimigton, VA 22202					INSURER F :						
	VERAGES CEF	TIEI	CATE					DEVISION NI II	VISION NUMBER:			
T IN	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O REQU PER	F INS IREMI	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABO R DOCUMENT WI	VE FOR T	CT TC	WHICH THIS	
INSR LTR TYPE OF INSURANCE			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY					······································	<u> </u>	EACH OCCURREN	ICE	\$	2,000,000	
	CLAIMS-MADE X OCCUR	X		19/7006167		1/1/2019	1/1/2020	DAMAGE TO RENT PREMISES (Ea occ	ΓED	\$	300,000	
		^						MED EXP (Any one		\$	5,000	
								PERSONAL & ADV	•	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	5,000,000	
	POLICY X PRO-							PRODUCTS - COM		\$	2,000,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE		\$		
	DED RETENTION \$							1050	0.711	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DES EVE	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC NT NAME & DATE: Greater Phoenix Or	LES (ACORI ering	D 101, Additional Remarks Schedu Club - First Water & Needl	ıle, may b e Vista	e attached if mor Event - Febru	e space is requir Iary 23-24, 20	_{ed)})19; Saguaro La	ke Event	- Marc	h 9-10, 2019	
EVF	NT LOCATION: Tonto Forest Lands, A	2										
	,	_										
Cert	ificate Holder is named as additional in	sure	d.									
US Govt, Mesa Ranger District, USFS 5140 E Ingram St. Mesa, AZ 85205						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							