

**LGEORGE** 



DATE (MM/DD/YYYY) 1/10/2024

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.

If	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	t to	the	terms and conditions of	the pol	licy, certain ¡ lorsement(s)	policies may				
PRO	DUCER				CONTAC NAME:	⊏ Lori Geo	rge				
Loomis & LaPann, Inc. 518-792-6561						(A/C, No, Ext): (318) /92-0301			FAX (A/C, No): (518) 792-3426		
228	Glen Street, PO Box 2158				E-MAIL ADDRES	<sub>ss:</sub> lgeorge@	@loomislap	ann.com			
Gler	is Falls, NY 12801			INSURER(S) AFFORDING COVERAGE					NAIC #		
					INSURE	RA: HDI GIO	bal Specia	Ity SE (AA-1340041)			
US Orienteering Federation and Its Member Clubs						INSURER B:					
						INSURER C:					
dba Orienteering USA 1405 S Fern St #90654					INSURER D:						
	Arlington, VA 22202	INSURER E:									
					INSURE	RF:					
CO	VERAGES CERT	ΓIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RESTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH PROPERTY.	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OF A	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT 1	CT TO	WHICH THIS	
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR	X		HDGL003701204		1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								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- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X OTHER: Event							OOMBINED ON IOLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A							E.L. EACH ACCIDENT	\$			
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) EVENT NAME: Greater Phoenix Orienteering Club Events

EVENT DATE: January 2 - December 31, 2024

EVENT LOCATION: Area around Fort Tuthill, Fort Valley, FAye Ridge, Faye Canyon, Mormon Lake, Ashurst Lake, Area around Lowell

Certificate Holder is named as additional insureds.

CERTIFICATE HOLDER	CANCELLATION

**U.S. Government, Coconino National Forest** 5075 N Highway 89 Flagstaff, AZ 86004

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**