

## **CERTIFICATE OF LIABILITY INSURANCE**

LGEORGE

DATE	(MM/D	D/YY)	(Y)
41	10/2	0.24	

**USORIEN-01** 

										1	/10/2024
C B	ER1 ELC	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT DW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL SUR/	ANCE	R NEGATIVELY AMEND	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORD	ED BY T	HE POLICIES
lf	SU	RTANT: If the certificate holde IBROGATION IS WAIVED, subject certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may			
PRO	DUC	ER				CONTA	c⊤ Lori Geo	rge			
	Loomis & LaPann, Inc. 518-792-6561					PHONE (A/C, No, Ext): FAX (518) FAX 792-6561   E-MAIL ADDRESS: Igeorge@loomislapann.com					
228 Glen Street, PO Box 2158 Glens Falls, NY 12801											
						INSURER(S) AFFORDING COVERAGE					NAIC #
						INSURER A : HDI Global Specialty SE (AA-1340041)					
INSU	IRED		and	lts M	ember Clubs	INSURER B :					
US Orienteering Federation and Its Member Clubs dba Orienteering USA					INSURER C :						
		1405 S Fern St #90654				INSURER D :					
Arlington, VA 22202					INSURE						
						INSURE	RF:				
	VEF	RAGES CER	TIFI	CAT	E NUMBER:				REVISION NUMBER	<b>?</b> :	
IN C E	IDIC ERT XCL	IS TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREM TAIN ICIES	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A DED B	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RE BED HEREIN IS SUBJE	SPECT T	O WHICH THIS
INSR LTR		TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		IMITS	
A	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 persor		5,000
									PERSONAL & ADV INJUR		2,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000
									PRODUCTS - COMP/OP A		2,000,000
	x	OTHER: Event								<u>s</u>	
									COMBINED SINGLE LIMIT		
									(Ea accident)		
		OWNED SCHEDULED							BODILY INJURY (Per pers		
		AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accie PROPERTY DAMAGE (Per accident)		
									(Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
	-		-						AGGREGATE	\$	
	wo	DED RETENTION \$							PER 01	H-	
	ANE	D EMPLOYERS' LIABILITY							STATUTE EF		
	OFF	Y PROPRIETOR/PARTNER/EXECUTIVE	N / A	·					E.L. EACH ACCIDENT	\$	
	If ve	es, describe under							E.L. DISEASE - EA EMPLO		
	DÉS	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI	MIT \$	
DES	CRIP NT I	TION OF OPERATIONS / LOCATIONS / VEHIC NAME: Greater Phoenix Orienteerin	LES ( a Cli		D 101, Additional Remarks Schedu ents	ile, may b	e attached if mor	e space is requi	red)		
EVE	NT I	DATE: January 2 - December 31, 20	24								
EVE	NTI	LOCATION: Sundance Park									
Cert	ifica	ate Holder is named as additional in	sure	ds.							
CERTIFICATE HOLDER CANCELLATION											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED II											
City of Buckeye ACCORDANCE WITH THE POLICY PROVISIONS.									LIVENED IN		
		530 E Monroe Ave. Buckeye, AZ 85326									
1	DUCKEYE, AZ 03320										

AUTHORIZED REPRESENTATIVE

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