

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)	
1/2/2025	

USORIEN-01

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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).												
PRODUC												
	s & LaPann, Ind						CONTACT NAME: Lori George PHONE (A/C, No, Ext): (518) 792-6561 FAX (A/C, No): (518) 792-3426					
518-79	2-6561 en Street, PO B	ov 2	158				E-MAIL	_{SS:} Igeorge	@loomislar):(010)1	52 5420
Glens	Falls, NY 12801		.150				ADDRE					
							INSURER (S) AFFORDING COVERAGE NAIC INSURER A : HDI Global Specialty SE (AA-1340041)					NAIC #
NOUDE	~										e Office	
INSURE	US Oriei		ing Federation	and	lts M	ember Clubs						
	dba Orie PO Box		ering USA				INSURE					
	509 See						INSURE					
	Virginia	Bea	ch, VA 23450				INSURE					
							INSURE	RF:				
	RAGES					E NUMBER:				REVISION NUMBER:		
INDIO CER EXCL	CATED. NOTW	THS BE IS	TANDING ANY R SSUED OR MAY	EQU PER POLI	IREM TAIN CIES	SURANCE LISTED BELOW H ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESI ED HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR LTR	TYPE OF	INSU	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS	
AX	COMMERCIAL G	ENER								EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MA	DE	X OCCUR	x		HDGL003701480		1/1/2025	1/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
G	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$	4,000,000
		RO- ECT	LOC							PRODUCTS - COMP/OP AGO		1,000,000
		201									\$	
									COMBINED SINGLE LIMIT (Ea accident)	s		
										BODILY INJURY (Per person)	s	
	OWNED AUTOS ONLY AUTOS									BODILY INJURY (Per acciden		
	HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY		AUTOS ONLY								\$	
Α	UMBRELLA LIAE		X OCCUR									1,000,000
x	_	•	CLAIMS-MADE			HDEX003701148		1/1/2025	1/1/2026		\$\$	1,000,000
		ENTI		1						AGGREGATE		
w					-					PER OTH-	\$	
AND EMPLOYERS' LIABILITY												
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N / A						E.L. EACH ACCIDENT	\$		
If yes, describe under									E.L. DISEASE - EA EMPLOYE			
DÉSCRIPTION OF OPERATIONS below B Participant Accident					SRG9152616-A		1/1/2025	1/1/2026	E.L. DISEASE - POLICY LIMI	5	25,000	
							., ., 1020	.,.,_0_5			20,000	
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	1 - C	December 31, 20									
EVENT	LOCATION: Cit	y of	Buckeye									
Certific	ate Holder is na	med	as additional in	sure	d.							

CERTIFICATE HOLDER	CANCELLATION					
City of Buckeye 530 E Monroe Ave. Buckeye, AZ 85326	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					
	En J					

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