

## CERTIFICATE OF LIABILITY INSURANCE

**LGEORGE** 

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

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

uns cen	incate does not comer rights to the certificate no	oluer in neu or such endorsement(s).						
PRODUCER		CONTACT Lori George	CONTACT Lori George					
Loomis & 518-792-6	LaPann, Inc.	PHONE (A/C, No, Ext): (518) 792-6561 FAX (A/C, No): (518) 792-6561	2-3426					
228 Glen S	street, PO Box 2158	E-MAIL ADDRESS: lgeorge@loomislapann.com	E-MAIL ADDRESS: Igeorge@loomislapann.com					
Glens Fall	s, NY 12801	INSURER(S) AFFORDING COVERAGE	NAIC #					
		INSURER A: HDI Global Specialty SE (AA-1340041)						
INSURED	US Orienteering Federation and Its Member C	INSURER B : National Union Fire of Pitts- burgh PA Syracuse Office						
	dba Orienteering USA	INSURER C :						
	PO Box 9532	INSURER D:						
	509 Seeman Rd. Virginia Beach, VA 23450	INSURER E:						
	Virginia Beach, VA 23430	INSURER F:						
COVERA	GES CERTIFICATE NUMBI	ER: REVISION NUMBER:						
THIC IC	TO CERTIEV THAT THE POLICIES OF INCHRANCE	LISTED BELOW HAVE BEEN ISSUED TO THE INSUIDED NAMED ABOVE FOR THE BOLIO	V DEDIOD					

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	INSR TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	Х	COMMERCIAL GENERAL LIABILITY				,, <u> </u>	<b>,</b> ,	EACH OCCURRENCE	\$ 1,000,00
		CLAIMS-MADE X OCCUR	x		HDGL003701480	1/1/2025	1/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,00
								MED EXP (Any one person)	\$ 5,00
								PERSONAL & ADV INJURY	\$ 1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 4,000,00
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 1,000,00
		OTHER:							\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 1,000,00
	X	EXCESS LIAB CLAIMS-MADE			HDEX003701148	1/1/2025	1/1/2026	AGGREGATE	\$ 1,000,00
		DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		IV/ A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	
В	B Participant Accident				SRG9152616-A	1/1/2025	1/1/2026	Medical	25,00

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 - December 31, 2025

**EVENT LOCATION: City of Peoria** 

Certificate Holder is named as additional insured.

CERTIFICATE HOLDER	CANCELLATION				
City of Peoria 8401 JW Monroe St. Peoria, AZ 85345	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
1 0011d; AE 00040	AUTHORIZED REPRESENTATIVE				
	Com Time				