

LGEORGE

CERTIFICATE OF LIABILITY INSURANCE

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 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).

PRODUCER		CONTACT Lori George				
Loomis & 518-792-65	LaPann, Inc.	PHONE (A/C, No, Ext): (518) 792-6561	FAX (A/C, No): (518) 7	92-3426		
228 Glen Street, PO Box 2158 Glens Falls, NY 12801		E-MAIL ADDRESS: Igeorge@loomislapann.com				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: HDI Global Specialty SE (AA-1340041)				
INSURED	US Orienteering Federation and Its Member Clubs	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:				
	Trigina Bodon, TA 20700	INSURER F:				
COVERA	GES CERTIFICATE NUMBER:	REVISION NUM	IBER:			

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)	LIMITS	
A	Х	COMMERCIAL GENERAL LIABILITY				,, <u> </u>	, ,	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	A 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	
	AND EMPLOYERS ENABLED 1 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE PARTNERS EXECUTIVE OFFICE PARTN		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: Petrified Forest National Park**

Certificate Holder is named as additional insured.

CERTIFICATE HOLDER	CANCELLATION

Petrified Forest National Park, United States of America 1 Park Rd. PO Box 2217 Petrified Forest Natl Pk, AZ 86028

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