



USORIEN-01

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 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).

PRODUCER Loomis & LaPann, Inc. 518-792-6561 228 Glen Street, PO Box 2158 Glens Falls, NY 12801	CONTACT NAME: Lori George	
	PHONE (A/C, No, Ext): (518) 792-6561	FAX (A/C, No): (518) 792-3426
E-MAIL ADDRESS: lgeorge@loomislappann.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : HDI Global Specialty SE (AA-1340041)		
INSURER B : National Union Fire of Pitts- burgh PA Syracuse Office		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
US Orienteering Federation and Its Member Clubs
dba Orienteering USA
PO Box 9532
509 Seeman Rd.
Virginia Beach, VA 23450

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>		HDGL003701480	1/1/2025	1/1/2026	<input type="checkbox"/> EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						<input type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							<input type="checkbox"/> MED EXP (Any one person)	\$ 5,000
							<input type="checkbox"/> PERSONAL & ADV INJURY	\$ 1,000,000
							<input type="checkbox"/> GENERAL AGGREGATE	\$ 4,000,000
							<input type="checkbox"/> PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY						<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	
							<input type="checkbox"/> SCHEDULED AUTOS	
							<input type="checkbox"/> HIRED AUTOS ONLY	
							<input type="checkbox"/> NON-OWNED AUTOS ONLY	
							<input type="checkbox"/> OTHER	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>		HDEX003701148	1/1/2025	1/1/2026	<input type="checkbox"/> EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						<input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/> AGGREGATE
	<input type="checkbox"/> DED						<input type="checkbox"/> RETENTION \$	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N / A				<input type="checkbox"/> E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE	\$
							<input type="checkbox"/> E.L. DISEASE - POLICY LIMIT	\$
B	Participant Accident			SRG9152616-A	1/1/2025	1/1/2026	Medical	25,000

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 - December 31, 2025

EVENT LOCATION: Prescott National Forest

Certificate Holder is named as additional insured.

CERTIFICATE HOLDER**CANCELLATION**

U.S. Government, Prescott National Forest
344 S Cortez St.
Prescott, AZ 86303

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