

CERTIFICATE OF LIABILITY INSURANCE

D1DZIMMERMAN

INTEPLA-01

DATE (MM/DD/YYYY)

			、					02	03/	24/2017	
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).											
							ACT Deborah Zimmerman				
Leonard Insurance Services					NAME: PHONE PHONE (A/C, No, Ext): (A/C, No, Ext): (330) 266-1966 FAX (A/C, No):						
4244 Mt. Pleasant St. NW, Suite 200 North Canton, OH 44720					E-MAIL ADDRESS: dzimmerman@leonardinsurance.com						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A : Cincinnati Insurance Company					10677	
INSURED					INSURER B :						
International Plastic Modeler			ociety	USA & It's Chapters	INSURE	INSURER C :					
	P O Box 56023 Saint Petersburg, FL 33732				INSURE	INSURER D :					
	Saint Felersburg, FE 53752				INSURER E :						
			INSURER F :								
								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	6		
Α	X COMMERCIAL GENERAL LIABILITY								\$	1,000,000	
				ENP 0223106		01/15/2017	01/15/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
									\$	10,000 1,000,000	
									\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000	
									<u>\$</u> \$	_,,	
Α								COMBINED SINGLE LIMIT (Ea accident)	<u>ծ</u> Տ	1,000,000	
	ANY AUTO			ENP 0223106		01/15/2017	01/15/2020	· /	\$		
	OWNED AUTOS ONLY SCHEDULED							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$	2.000.000	
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			ENP 0223106		01/15/2017	01/15/2020		\$	2,000,000	
	DED RETENTION \$					01/10/2011	01,10,2020	AGGREGATE Aggregate Limit	\$	2,000,000	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
DES Fair	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI fax High School is an additional insured	ES (A	ACORD) 101, Additional Remarks Schedu eneral Liability policy by F	ule, may b orm GA	e attached if mor 210 02/07.	e space is requir	ed)			
Name of IPMS Chapter: IPMS/ Northen Virginia Modelers											
Name/Date/Location of Event: IPMS Northern Virginia Model Classic 2017 April 29, 2017 Fairfax High School, 3501 Rebel Run, Fairfax VA 22030											
CERTIFICATE HOLDER					CANCELLATION						
Fairfax High School 3501 Rebel Run Fairfax, VA 22030					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 Linda a Triaz 2002						

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