

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/1/2019

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 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 hol	der in lieu of such endorsement(s).				3	
PRODUCER	an & Accordates LLC	CONTACT NAME:				
	an & Associates, LLC sity Drive Suite 125	PHONE (A/C, No, Ext):		FAX (A/C, No): (63	0) 665-7291	
Fort Myers, F		E-MAIL ADDRESS:	bj@fdean.com			
fdean.com			INSURER(S) AFFORDING COVERAG	NAIC #		
		INSURER A:	U.S. Fire Insurance Compan	21113		
	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:					
	TO FACTOURATING MEMBERS.	INSURER C:				
	LICYHOLDER NAME	INSURER D:				
1234 UNIVER FORT MYERS		INSURER E :				
TOKT WITEK	, i E 33907	INSURER F:				
COVERAGES	CERTIFICATE NUMBER: USSxxxxxx		REVISION NUM	BER:		
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.						

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL SU	BR D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
А	GENERAL LIABILITY					GENERAL AGGREGATE \$ 2,000,000		
	X COMMERCIAL GENERAL LIABILITY					PRODUCTS - COMP/OP AGG \$ 2,000,000		
	CLAIMS-MADE X OCCUR			11/15/2010	11/20/2010	PERSONAL & ADV INJURY \$ 1,000,000		
			SRPGAPML-xxx-xxxx	12:01 AM	11/20/2019 12:01 AM	EACH OCCURRENCE \$ 1,000,000		
				12.01740	12.01711	FIRE DAMAGE (Any one fire) \$ 300,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 5,000		
	X POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED AUTOS AUTOS		THIS IS A SAMPLE COI			BODILY INJURY (Per person) \$		
						BODILY INJURY (Per accident) \$		
					PROPERTY DAMAGE (Per accident) \$			
						\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE \$		
						AGGREGATE \$		
	DED RETENTION \$					\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- TORY LIMITS OTH - - \$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT \$		
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$		
						AD&D MAXIMUM MEDICAL DEDUCTIBLE TERMS OF PAYMENT		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Vendor Type: xxxxxx. Proof of Insurance.

CERTIFICATE HOLDER	CANCELLATION		
VENUE NAME ADDRESS CITY, STATE ZIP	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		
	Francis L. Dean		