

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/15/2019

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 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 Cindy Ù{ ão@					
Commercial Ùæ(] ^ - (ĺĺĺ) ĺĺĺ -€€00			PHONE (A/C, No, Ext):					
Sample Insurance Services LLC			E-MAIL ADDRESS: ●æ[] ^@•æ[] ^.com					
300 North 1st Street			INSURER(S) AFFORDING COVERAGE NAIC #					
St. Louis, MO 63103			INSURER A: Addison Insurance Company				€€€€€	
INSURED			INSURER B: Great American Alliance Insurance Company €				€€€€€	
Þæ ^¼ ~Company			INSURER C:					
1 €€€ ÂÛæ(] ^ÂÛc			INSURER D:					
G¦^^}, ÞŸ FŒH Í			INSURER E:					
COVERAGES CERTIFICATE NUMBER: 13828422			NSURER F :		REVISION NUMBER: S	ee belo		
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	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS			
LTR	X COMMERCIAL GENERAL LIABILITY	FOLIOT NUMBER		(MM/DD/YYYY) 1/15/2020	EACH OCCURRENCE	\$ \$	1,000,000	
Α	CLAIMS-MADE X OCCUR		1/15/2019	1/13/2020	DAMAGE TO RENTED	\$	100,000	
					MED EXP (Any one person)	\$	10,000	
					PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:					\$		
Α	AUTOMOBILE LIABILITY		1/15/2019	1/15/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO				BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS				DDODEDT/DANAGE	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				(Per accident)	\$		
						\$		
Α	X UMBRELLA LIAB X OCCUR		1/15/2019	1/15/2020	EACH OCCURRENCE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	5,000,000	
	DED RETENTION \$ WORKERS COMPENSATION		1/15/2019	4/45/0000	X PER OTH-	\$		
В	AND EMPLOYERS' LIABILITY Y / N		1/15/2019	1/15/2020	^ STATUTE ER	^	1,000,000	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$	1.000.000	
	DÉSCRIPTION OF OPERATIONS below				E.E. DISEASE - POLICY LIMIT	Φ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
CERTIFICATE HOLDER								
CERTIFICATE HOLDER			CANCELLATION					
81	lifornia Band Directors Association 5 ILA Way odesto, CA 95354		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		A	AUTHORIZED REPRESENTATIVE					
			gearn Sponton					