

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYYY)

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 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<br>NAME:            |                     |       |
|           |   | PHONE<br>(A/C, No. Ext):    | FAX<br>(A/C, No):   |       |
|           |   | E-MAIL<br>ADDRESS:          |                     |       |
|           |   | INSURER(S) AFFOR            | DING COVERAGE       | NAIC# |
|           |   | INSURER A: Insurance Carrie | er A-VIII or better | INCL  |
| INSURED   |   | INSURER B: Insurance Carri  | INCL.               |       |
|           |   | INSURER C: Insurance Carri  | er A-VIII or better | INCL  |
|           |   | INSURER D:                  |                     |       |
|           |   | INSURER E :                 |                     |       |
|           |   | INSURER F :                 |                     |       |
| COVERAGES | CERTIFICATE NUMBER:                     |                             | REVISION NUMBER:    |       |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEENISSUED 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 REEN REDUCED BY PAID CLAIMS.

| INSR | TYPE OF INSURANCE   | ADDL SUBR | POLICYNUMBER | POLICY EFF | POLICY EXP | LIMITS  | 3  |
|------|---|-----------|--------------|------------|------------|---|--|
| Α    | CLAIMS-MADE X OCCUR  GENE AGGREGATE LIMIT APPLIES PER:  | Y         | Policy #     | M/D/YY     | M/D/YY     | DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG | s 1,000,000<br>s 100,000<br>s 5,000<br>s 1,000,000<br>s 2,000,000<br>s 2,000,000 |
| В    | POLICY PRO- JECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS  |           |              |            |            | COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (PER ACCIDENT)         | s 1,000,000<br>s s s s s s s   |
| С    | UMBRELLA LIAB  EXCESS LIAB  DED  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A       |              |            |            | AGGREGATE  X WC STATU- OTH- ER  | 1,000,000  |
|      |   |           |              |            |            |   |  |

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

The Additional Insured and Indemnities are:

RE: NSSF Range-Retailer Business Expo held in West Palm Beach, FL.

Palm Beach County Convention Center is listed as additional insured with respect to the General Liability policy and National Shooting Sports Foundation

(NSSF)

## CERTIFICATE HOLDER

**NSSF** Range-Retailer Business Expo C/O National Shooting Sports Foundation **6 Corporate Drive** Suite 650 Shelton, CT 06484

## CANCELLATION

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

© 1988-2010 ACORD CORPORATION. All rights reserved.