THEASSO-05

JOTTO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/8/2022

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.

l t	· SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to o the	the cert	terms and conditions of ificate holder in lieu of su	the po uch end	licy, certain lorsement(s)	policies may	require an endorsemen	t. As	tatement on	
PRODUCER Hub International Mid Atlantic						CONTACT JIII Otto					
						PHONE (A/C, No, Ext): (301) 424-7945 (A/C, No):					
1445 Research Boulevard, Suite 340,					E-MAIL SS: jill.otto@hubinternational.com						
Rockville, MD 20850						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: The Continental Insurance Company				35289	
The Association of The United States Army (AUSA) 2425 Wilson Blvd.								Surety Company of Am	nerica	31194	
						INSURER C:					
						RD:					
Arlington, VA 22201						INSURER E :					
					INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER: 1					
C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITIO . THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO	WHICH THIS	
INSE	INSR TYPE OF INSURANCE		SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			6081355080		7/10/2022	7/10/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000	
								MED EXP (Any one person)	\$	15,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PROT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED ONLY NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION\$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
ь	DÉSCRIPTION OF OPERATIONS below Employee Dishonesty			105648189		7/10/2022	7/40/2022	\$5,000 Ded.	\$	2,000,000	
	Employee Distroffesty			105040109		111012022	1/10/2023	ъ5,000 Dea.		2,000,000	
DES	LICRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	 0 101, Additional Remarks Schedu	ıle, may b	e attached if moi	e space is requi	red)			
CF	RTIFICATE HOLDER				CANO	ELL ATION					
CERTIFICATE HOLDER						CANCELLATION					
North Texas-Audie Murphy Chapter						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					