Client#: 1650851 NATIOMAR7

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/22/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Your Agent or Broker Address City, State, Zip	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : ABC Insurance Company	12345
INSURED Your company Name Address City, State,Zip	INSURER B : CDE Insurance Company	67890
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			Your Policy No.	2/08/27	2/15/27	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
				Specimen Only			MED EXP (Any one person)	$
							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	$ 1,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			Your Policy No.	2/08/27	2/15/27	COMBINED SINGLE LIMIT (Ea accident)	$ 500,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

RE: Discover Boating Mid-Atlantic Boat Show- February 8th to February 15th, 2027 including move-in and move-out dates. National Marine Manufacturers Association and Charlotte Convention Center are included as additional insureds under General Liability and auto liability.

CERTIFICATE HOLDER	CANCELLATION
National Marine Manufacturers Association 10 South LaSalle Street, Suite 3500 Chicago, Illinois 60603-1025	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

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DISCOVER BOATING® MID-ATLANTIC BOAT SHOW | PROGRESSIVE®

February 11th - 14th, 2027

CERTIFICATE OF INSURANCE REQUIREMENTS MUST BE MET FOR PARTICIPATION IN THE SHOW

Please provide the above sample certificate of insurance reflecting required coverage to your insurance agent. Policy effective and expiration dates must be inclusive of the show dates of 02/08/2027-02/15/2027 including move-in and move-out.

If your company name is different from the Named Insured on the policy, be sure your company name and relationship to the Named Insured such as affiliate or subsidiary is indicated on the COI. Further documentation may be requested in these cases.

The Certificate of Insurance must meet the following requirements:

National Marine Manufacturers Association Inc, 10 S. LaSalle St. Ste 3500, Chicago, IL, 60603

- **The General Liability - Commercial General Liability should be checked.**
- **The General Liability - Each Occurrence should be checked.**
- **The General Liability - General Aggregate Limit Applies Per Policy should be checked.**
- **The General Liability - Each Occurrence Limit Amount should be greater than or equal to 1,000,000.**
- **The General Liability - Damage to Rented Premises Each Occurrence Limit Amount should be greater than or equal to 100,000.**
- **The General Liability - Personal and Advertising Injury Limit Amount should be greater than or equal to 1,000,000.**
- **The General Liability - General Aggregate Limit Amount should be greater than or equal to 2,000,000.**
- **The General Liability - Products and Completed Operations Aggregate Limit Amount should be greater than or equal to 1,000,000.**
- **The Vehicle - Combined Single Limit Each Accident Amount should be greater than or equal to 500,000.**

Description of Operations –

Must include the name of the show, move-in, show and move-out dates.

NMMA and Facility are included as additionally insured under General Liability

and Auto Liability

Certificate Holder -

National Marine Manufacturers Association

10 South LaSalle Street, Suite 3500

Chicago, Illinois 60603-1025

Policy Number and Policy Dates – must fall within the show move-in – show and

move-out dates.