

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/31/2020

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 noticy/ies) must have ADDITIONAL INSURED provisions or be endorsed

If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to		erms		licy, ce	rtain policies		•	ent. A state	ement	on .	
PRODUCER	11100	0	outo moradi in nou or outon	CONTA NAME:		Keon					
The Hilb Group of New England, LLC					PHONE (800) 232-0582 FAX (888) 505-0300						
16 Main Street					(A/C, No, Ext): (600) 232-0362 (A/C, No): (600) 303-3300 E-MAIL abdress: cmckeon@hilbgroup.com						
	INSURER(S) AFFORDING COVERAGE NAIC #										
East Greenwich RI 02818					INSURER A: Great American Insurance Company					16691	
INSURED					INSURER B:						
Long Beach Sailing Foundation					INSURER C:						
6201 Appian Way					INSURER D:						
					RE:						
Long Beach CA 90803					INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL201314											
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 POLICY EFF POLICY EXP											
INSR LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRED		à ′	00,000	
CLAIMS-MADE OCCUR							PREMISES (Ea oc	currence)	Ψ	,000	
			OMIL 105 11 60		02/07/2020	00/07/0004	MED EXP (Any on		\$ 5,00		
^			OMH 185-44-69		02/07/2020	02/07/2021	PERSONAL & ADV		\$ 1,000,000 \$ 2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		4 000 000		
POLICY JECT LOC							PRODUCTS - COI	MP/OP AGG	\$ 1,00	00,000	
OTHER: AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$		
ANY AUTO							(Ea accident) BODILY INJURY (Per person)		\$		
OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident)		\$		
							PROPERTY DAMAGE (Per accident)		\$		
AUTOS ONLY							(i ei accident)		\$		
UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		\$		
DED RETENTION \$									\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT		\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	A EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$		
A Protection & Indemnity			OMH 185-44-69		02/07/2020	02/07/2021	EACH OCCURRENCE		\$3,0	000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)	1				
Certificate issued as proof of insurance.											
CERTIFICATE HOLDER					CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 6201 East Applan Way										D BEFORE	
		AUTHORIZED REPRESENTATIVE									
Long Beach			CA 90803			1	11 -	-			