OP ID: GRTI

DATE (MM/DD/YYYY) 02/07/2018

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsement	. A	statement on	
PRODUCER 719-593-5814 Legacy Insurance Network, LLC						CONTACT Tim Gries					
						PHONE (A/C, No, Ext): 719-593-5814 FAX (A/C, No): 719-388-2075					
Col	5 Briargate Blvd., Ste. 215 orado Springs, CO 80920				E-MAIL	ss. tim@leg	acyinsuran	cebroker.com			
Brian Gries						INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURE	Dhilada	lphia Inder			18058	
INSURED National Council of Corvette Clubs, Inc. 618 W Salcedo Rd. Sikeston, MO 63801						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E :					
						RF:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
	THIS IS TO CERTIFY THAT THE POLICIES										
	NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F										
Е	EXCLUSIONS AND CONDITIONS OF SUCH I	POLIC	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS				
NSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3	4 000 000	
Α	X COMMERCIAL GENERAL LIABILITY				01		01/01/2019	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			PHPK1754539		01/01/2018		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	excluded	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000 2.000.000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X OTHER: Event							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
Α	X UMBRELLA LIAB X OCCUR							5.40U.000UDD5N05	\$	4,000,000	
	EXCESS LIAB CLAIMS-MADE			PHUB611824		01/01/2018	01/01/2019	EACH OCCURRENCE	\$	4,000,000	
	DED X RETENTION \$ 10,000)						AGGREGATE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	<u> </u>		
		N/A						E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Participant			PHPA013361		01/01/2018	01/01/2019			25,000	
	Accident							Medical		50,000	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
						=					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	National Council of Corve	tto.			ACCORDANCE WITH THE POLICY PROVISIONS.						
	Clubs, Inc.										
618 W Salcedo Rd.					AUTHORIZED REPRESENTATIVE						

Sikeston, MO 63801