ACORD CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 03/01/2023		
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 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).									
PRODUC	ER			CONTACT Jane Doe					
Underv Anv St	nce Company writer Purchasing Group reet		PHONE FAX _(A/C, No, Ext)202-555-1212 (A/C, No): E-MAIL :date_constants						
Aný Ci	ty, State and Zipcode		ADDRESS;jdoe@anydomain.com INSURER(S) AFFORDING COVERAGE NAIC #						
				INSURER A : ABC Insura		DING COVERAGE		NAIC # 21354	
INSURED)			INSURER A : ABC Insurance Company				98126	
	Named Insured			INSURER C :					
	Address City, State, Zip Code			INSURER D :					
				INSURER E :					
				INSURER F :					
COVE	RAGES CER	TIFIC	ATE 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 SI	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
x	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000.00 \$ 1,000,000.00		
			123CS-999990	3/1/2023	4/1/2024	MED EXP (Any one person)	\$	5,000.00	
						PERSONAL & ADV INJURY	_{\$} 10	00,000.00	
GI	EN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 1	00,000.00	
х	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGO	s 1 s	00,000.00	
AL	JTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 500 (00.00	
x	X ANY AUTO					BODILY INJURY (Per person)			
ALL OWNED SCHEDULED		123CS-999991	3/1/2023	3/1/2024	BODILY INJURY (Per acciden				
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	\$		
	AUTOS						\$		
x	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		123CS-999992	3/1/2023	3/1/2024	EACH OCCURRENCE AGGREGATE	\$ 1,000,0 \$ ^{1,000,0}	000.00	
	DED X RETENTION \$						\$		
	DRKERS COMPENSATION D EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y N/A 123CS-999993			3/1/2023	3/1/2024	E.L. EACH ACCIDENT	\$100,0	0.00		
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYE	_E \$100,0	00.00		
DÉ	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$100,000.00			
DECODIO			2404 Additional Descents Ontents'	when ettenhead ¹⁴					
Associa	TION OF OPERATIONS / LOCATIONS / VEHICLES tion of the United States Army, its Boar ssion, and their respective officials, offic	d, mem	bers, staff and representatives, G	ES, Global Spectrum,	L.P. dba Spect	ra, Cumberland County Civ	vic Center		
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CERTIFICATE HOLDER	CANCELLATION			
Association of the United States Army 2425 Wilson Boulevard	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Arlington, Virginia 22201	AUTHORIZED REPRESENTATIVE			
	Jane Doe			

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