



COMMERCIAL GENERAL LIABILITY COVERAGE PART CERTIFICATE PAGE

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: Great American E&S Insurance Company NAMED INSURED: Outdoor Recreations Insurance Program - Risk Purchasing Group CERTIFICATE HOLDER: Daniel Gagnon ADDRESS: 27 Hoxie Ct, Coventry, RI 02816 POLICY PERIOD: 11/01/2023 TO 11/01/2024 12:01 A.M. STANDARD TIME AT YOUR ADDRESS SHOWN.	POLICY NUMBER: PLE919362 CERTIFICATE NUMBER: CEPA132168
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LIMITS OF INSURANCE		
General Aggregate Limit (Other Than Products-Completed Operations)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented To You Limit	\$	300,000 Any One Premises
Medical Expense Limit	\$	5,000 Any One Person

ADDITIONAL COVERAGE OPTIONS – Coverage Applies When Checked	
<input type="checkbox"/> AES3207 04/11 Additional Insured - Blanket	
<input checked="" type="checkbox"/> CG2026 04/13 Additional Insured – Designated Person or Organization	
<input type="checkbox"/> CG2011 04/13 Additional Insured – Managers or Lessors of Premises	
<input type="checkbox"/> CG9012 02/16 Hired Auto and Non-Owned Auto Liability	

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).

TYPE OF BUSINESS: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:	
PREMIUM: \$150.00 ORIP FEE: \$49.00 SURPLUS LINES TAX: \$6.00 STAMPING FEE: \$0.00 TOTAL COST: \$205.00 (100% Earned/Non-Refundable)	POLICY DEDUCTIBLE: N/A
BUSINESS DESCRIPTION: Holiday Character (Santa, Easter Bunny, Etc.)	NUMBER OF MEMBERS: 1

Mandatory Forms and Endorsement		
<input checked="" type="checkbox"/>	EA001	Commercial General Liability Coverage Part Certificate Page
<input checked="" type="checkbox"/>	CG0001 04/13	Commercial General Liability Coverage Part
<input checked="" type="checkbox"/>	IL0017 11/98	Common Policy Conditions
<input checked="" type="checkbox"/>	ESM3005 10/15	Common Policy Conditions Amendment
<input checked="" type="checkbox"/>	AES3004 05/01	Amendment – Premium Audit Condition
<input checked="" type="checkbox"/>	CG9161 07/19	Risk Purchasing Group Endorsement
<input checked="" type="checkbox"/>	AES3013 04/11	Deductible Liability Insurance
<input checked="" type="checkbox"/>	AES3012 08/11	General Service of Suit Endorsement (Not Applicable in Delaware or Pennsylvania)
<input checked="" type="checkbox"/>	IL7268 09/09	In Witness Clause
<input checked="" type="checkbox"/>	CG2144 04/17	Limitation of Coverage – Designated Premises, Project or Operation
<input checked="" type="checkbox"/>	IL7324 08/12	Economic and Trade Sanctions Clause
<input checked="" type="checkbox"/>	CG2107 05/14	Exclusion – Access or Disclosure of Confidential or Personal Information and Data-Related Liability – Limited Bodily Injury Exception Not Included
<input checked="" type="checkbox"/>	ESG3286 02/17	Drug Liability Exclusion
<input checked="" type="checkbox"/>	ESG3287 02/17	Total Liquor Liability Exclusion
<input checked="" type="checkbox"/>	CG8481 08/14	Exclusion – Organic Pathogens
<input checked="" type="checkbox"/>	CG9029 05/16	Exclusion of Claims and Suits Alleging Infringement of Intellectual Property or Unfair Competition

<input checked="" type="checkbox"/>	CG8015 07/98	Exclusion – Abuse, Molestation, Harassment or Sexual Conduct
<input checked="" type="checkbox"/>	ESG1010 08/16	Exclusion – Aircraft Products and Grounding Liability
<input checked="" type="checkbox"/>	IL7069 03/16	Exclusion - Asbestos
<input checked="" type="checkbox"/>	CG8479 01/10	Exclusion – Assault and Battery
<input checked="" type="checkbox"/>	CG2101 12/19	Exclusion – Athletics or Sports Participants
<input checked="" type="checkbox"/>	ESG3229 06/15	Exclusion – Employers Liability
<input checked="" type="checkbox"/>	CG2147 12/07	Exclusion – Employment Related Practices
<input checked="" type="checkbox"/>	CG7794 07/98	Exclusion – Liability Arising Out of Lead
<input checked="" type="checkbox"/>	ESG1007 06/15	Exclusion – Metal, Gas, Fumes and Metal By-Product
<input checked="" type="checkbox"/>	IL0021 09/08	Exclusion – Nuclear Energy Liability Exclusion (Broad Form)
<input checked="" type="checkbox"/>	CG8366 06/05	Exclusion – Nuclear, Biological, or Chemical
<input checked="" type="checkbox"/>	ESG1001 09/13	Exclusion – Pre-Existing Damage
<input checked="" type="checkbox"/>	ESG3077 11/16	Exclusion – Professional Liability Errors and Omissions
<input checked="" type="checkbox"/>	CG8361 02/05	Exclusion – Silica or Related Dust
<input checked="" type="checkbox"/>	CG2149 09/99	Exclusion – Total Pollution
<input checked="" type="checkbox"/>	ESG1011 09/16	Exclusion – Unmanned Aircraft Personal and Advertising Injury Liability
<input checked="" type="checkbox"/>	ILSN 05/08	Surplus Lines Notification - Illinois
<input checked="" type="checkbox"/>	IL7368 04/15	Disclosure Pursuant to Terrorism Risk Insurance Act
<input checked="" type="checkbox"/>	CG2171 01/15	Exclusion of Other Acts of Terrorism Committed Outside The United States Cap on Losses from Certified Acts of Terrorism
<input checked="" type="checkbox"/>	CG2176 01/15	Exclusion – Punitive Damages Related to a Certified Act of Terrorism
<input checked="" type="checkbox"/>	CG2187 01/15	Conditional exclusion of Terrorism (Relating to disposition of Federal Terrorism risk Insurance Act)
<input checked="" type="checkbox"/>	AES 3020 05/01	Exclusion - Weapons
<input checked="" type="checkbox"/>	ESG 1004 04/15	Exclusion — Designated Operations, Product, or Work

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER UPON REQUEST. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

CLAIMS/INCIDENTS REPORTING

Full detail of any incident should be submitted via the customer dashboard. Questions can be sent via email to CLAIMS@VOPINS.COM or by letter to Insurance Canopy, PO Box 34833, North Chesterfield, VA 23234.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

Program Administrator:

Veracity Insurance Solutions, LLC
260 South 2500 West Suite 303
Pleasant Grove, UT 84062
866.395.1308
info@Veracityins.com

ADMINISTRATOR SIGNATURE:




Rhode Island

NOTICE

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT

APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURANCE INSOLVENCY FUND ARE NOT AVAILABLE.