## DATE (MM/DD/YYYY) 11/12/2023

## **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.

lf ti	SUI	BROGATION IS V	VAIVED, subjection	ct to	the cert	terms and conditions of ificate holder in lieu of su	the po	licy, certain dorsement(s)	policies may	require an endor	sement	. A	statement on	
PRODUCER  XYZ Insurance P.O. Box 12								CONTACT NAME: PHONE (A/C, No, Ext): (203) 436-9099  (A/C, No, Ext): (203) 436-9199						
		83347					E-MAIL ADDRE	SS:						
INSURED ABC Irrigation								INSURER(S) AFFORDING COVERAGE					NAIC #	
								INSURER A: XYZ Insurance Company					24244	
								INSURER B:						
								INSURER C:						
254 Water Way Alexandria, VA 12345							INSURER D:							
Alexanuria, VA 12345								INSURER E :						
							INSURER F:							
CC	VER	RAGES	CER	TIFIC	CATE	E NUMBER:	REVISION NUMBER:							
II C	IDICA ERTI XCLU	ATED. NOTWITHST IFICATE MAY BE IS	FANDING ANY R SSUED OR MAY	EQUI PER POLI	REMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH	RESPE	CT TO	O WHICH THIS	
INSR LTR		TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X	CLAIMS-MADE X OCCUR				Z02942		11/12/2023	11/12/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$ \$	1,000,000 250,000	
										MED EXP (Any one per		\$	10,000	
									(must cove	PERSONAL & ADV INJ	JURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT A	PPLIES PER:						through	GENERAL AGGREGA	TE	\$	3,000,000	
		POLICY PRO- JECT OTHER:	LOC						of show)	PRODUCTS - COMP/C		\$ \$	3,000,000	
	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LI (Ea accident)	IMIT	\$		
		ANY AUTO	SCHEDULED							BODILY INJURY (Per p	person)	\$		
		OWNED AUTOS ONLY HIRED AUTOS ONLY	AUTOS NON-OWNED AUTOS ONLY							BODILY INJURY (Per a PROPERTY DAMAGE (Per accident)	accident)	\$ \$		
												\$		
Α		UMBRELLA LIAB	X OCCUR							EACH OCCURRENCE		\$	7,000,000	
		EXCESS LIAB	CLAIMS-MADE			Z02942		11/12/2023	11/12/2024	AGGREGATE		\$	7,000,000	
		DED RETENTION \$										\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below									PER STATUTE E.L. EACH ACCIDENT	OTH- ER	\$		
				N/A						E.L. DISEASE - EA EM				
										E.L. DISEASE - POLIC		\$		
DES	CRIPT	TION OF OPERATIONS / I	LOCATIONS / VEHIC	LES (A	CORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requir	red)				
		Irrigation Show N tional insureds.	ovember 4-7,	2024	. Th	e Irrigation Association a	and Lo	ng Beach C	Convention C	Center are include	ed as			
ÇE	RTIF	ICATE HOLDER					CANCELLATION							
Irrigation Association 8280 Willow Oaks Corporate								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** 

Aaron Jones

**Drive Suite 630** 

Fairfax, VA 22031