

CERTIFICATE OF INSURANCE EXAMPLE

| | | | | | | |
|--|--|---|----------------------------------|-----------------------------------|-------------------------------|-------------|
| PRODUCER NAME OF YOUR PRODUCER | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HEREIN. | | | | |
| | | COMPANIES AFFORDING COVERAGE | | | | |
| | | COMPANY | | | | |
| | | LETTER A NAME OF YOUR INSURANCE COMPANY | | | | |
| INSURED NAME OF EXHIBITING COMPANY ADDRESS PHONE FAX | | COMPANY | | | | |
| | | LETTER B | | | | |
| | | COMPANY | | | | |
| | | LETTER C | | | | |
| | | COMPANY | | | | |
| | | LETTER A | | | | |
| COVERAGES | | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIM. | | | | | | |
| TYPE OF INSURANCE | | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
| CO LTR | GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIM MADE X OCCUR. OWNER'S CONTRACTOR'S PROT. _____ | YOUR POLICY NUMBER | 03/18/2025 | 03/24/2025 | GENERAL AGGREGATE | \$2,000,000 |
| | | | | | PRODUCTS-COMP / OP AGG | \$2,000,000 |
| | | | | | PERSONAL & ADV. INJURIES | \$1,000,000 |
| | | | | | EACH OCCURRENCE | \$1,000,000 |
| | | | | | FIRE DAMAGE (ANY ONE FIRE) | \$300,000 |
| | | | | | MED. EXPENSE (ANY ONE PERSON) | |
| AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS _____ | | YOUR POLICY NUMBER | | | COMBINED SINGLE LIMIT | |
| | | | | | BODILY INJURY (PER PERSON) | |
| | | | | | BODILY INJURY (PER ACCIDENT) | |
| | | | | | PROPERTY DAMAGE | |
| GENERAL LIABILITY ANY AUTO _____ | | | | | AUTO ONLY - EA ACCIDENT | |
| | | | | | OTHER THAN AUTO ONLY | |
| | | | | | EACH ACCIDENT | |
| | | | | | AGGREGATE | |
| EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM | | YOUR POLICY NUMBER | SAME | SAME | EACH OCCURRENCE | |
| | | | | | AGGREGATE | |
| WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR / INCL PARTNERS / EXECUTIVE OFFICERS ARE: EXCL | | YOUR POLICY NUMBER | SAME | SAME | STATUTORY LIMITS | |
| | | | | | EACH ACCIDENT | |
| | | | | | DISEASE - POLICY LIMIT | |
| | | | | | DISEASE - EACH EMPLOYEE | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS Additional Insured: The Thomas P. Hinman Dental Meeting and The Hinman Dental Society of Atlanta, and their respective members, officers, directors, trustees, agents, representatives and employees. 2023 Thomas P. Hinman Dental Meeting March 15 - 19, 2023 | | | | | | |
| CERTIFICATE HOLDER The Thomas P. Hinman Dental Meeting 33 Lenox Pointe NE Atlanta, GA 30324-3172 Attn: Exhibits Manager | | CANCELLATION SHOULD ANY OF THE POLICIES LISTED HEREIN BE CANCELED BEFORE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE. | | | | |
| | | BY: | | | | |
| | | MMI 1 (10/06) VALID AS OF MM/DD/YY | | | | |