



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/2025

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).

PRODUCER PADDLESPORT RISK MANAGEMENT, LLC PO BOX 668 KINGS PARK NY 11754	CONTACT NAME: Maria Liquori	FAX (A/C. No.): (631)973-5383	
	PHONE (A/C. No. Ext.): (631)321-6859	E-MAIL ADDRESS: PADDLESPORTS@JACKA-LIQUORI.COM	
INSURED PADDLESPORT RISK MANAGEMENT, LLC IT'S MEMBER CLUBS, ASSOCIATIONS, ORGANIZATIONS, EVENT HOSTS AS INDICATED IN DESCRIPTIONS PO BOX 668 Kings Park NY 11754	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Granite State Ins Co - AM Best A, XV		23809
	INSURER B: Nat. Union Fire Ins Co- AM Best A, XV		19445
	INSURER C: AXIS Ins Company AM Best A, XV		37273
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES**CERTIFICATE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	X	X	AIP0006058842900	01/01/2025	01/01/2026	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 3,000,000	
							PRODUCTS - COMP/OP AGG	\$ 1,000,000	
							Legal Liab to Participant	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC								
		AUTOMOBILE LIABILITY							
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$	
<input type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$	
<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
<input type="checkbox"/> SCHEDULED AUTOS								\$	
<input type="checkbox"/> NON-OWNED AUTOS								\$	
B		UMBRELLA LIAB	X	X	AIX0003450355501	01/01/2025	01/01/2026	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 1,000,000
		<input type="checkbox"/> CLAIMS-MADE							\$
		<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
C	PARTICIPANT EXCESS ACC/MED			SRPO000018764400	01/01/2025	12/31/2025	Maximum per Accident	25,000	
			Deductible per injury				500		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

VILLAGE OF LAKE ORION; ITS OFFICERS, DIRECTORS, EMPLOYEES AND AFFILIATES ADDED AS ADDITIONAL INSURED WITH RESPECTS THE OPERATIONS OF THE NAMED INSURED AND MEMBER ORION ART CENTER FOR THE FOLLOWING EVENT


DRAGON ON THE LAKE DRAGON BOAT FESTIVAL

08/21-24/2025

LOCATION: LAKE ORION, MICHIGAN

CERTIFICATE HOLDER**CANCELLATION**

AI 002158

VILLAGE OF LAKE ORION 21 E CHURCH STREET LAKE ORION MI 48362-	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 

© 1988-2010 ACORD CORPORATION. All rights reserved.