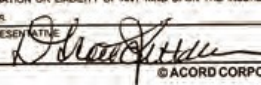


Certificate of Insurance Required Information

Please refer to the sample below as your certificate of insurance must display the required information. (*CSDA is interchangeable with the fill name, Connecticut State Dental Association)

155th Annual Charter Oak
Dental Meeting
May 5-7, 2021
csdadentalmeeting.com

ACORD. CERTIFICATE OF LIABILITY INSURANCE				DATE(MM/DD/YYYY)
PRODUCER INSURANCE COMPANY SUMMER STREET BOSTON, MA 02215		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED 1 YOUR NAME		INSURERS AFFORDING COVERAGE	NAIC#	
		INSURER A: THE CHUBB		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
COVERAGES				
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
INUR ADOL LTR	INSURANCE TYPE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	INSURANCE PERIOD(MM/DD/YYYY)
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR POLICY # 35373401 3 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER ACC <input type="checkbox"/> LOC **REQUIRED DATES MUST COVER THE EXPO**			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOF AGG \$ 2,000,000 \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> IF YES, DESCRIBE FROM SPECIAL PROVISIONS Below OTHER			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ WC STATUS: <input type="checkbox"/> OTH: <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SAMPLE				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS				
4 Additional Insured the 155th Annual Charter Oak Dental Meeting, Connecticut State Dental Association and its component societies.				
CERTIFICATE HOLDER		CANCELLATION		
5 Connecticut State Dental Association 835 W. Queen Street Southington, CT 06489		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE:  © ACORD CORPORATION 1988		
ACORD25(2001/08)				

1. Your company must be listed as the insured.
2. You must carry and maintain a minimum of \$1 million insurance coverage that provides general liability coverage, coverage against damage to persons and property, and hazard insurance, insuring the exhibitor's property and its exhibit space, to fully protect it and the CSDA* and the additional insured (see below) against all risks in connection with its exhibit at the CSDA Annual Meeting.
3. Required dates must cover the dates of the meeting, including set-up and breakdown: May 5-7, 2021
4. All insurance shall name as additional insured the 155th Annual Charter Oak Dental Meeting, Connecticut State Dental Association, and its component societies.
5. The certificate holder must be listed as follows:
Connecticut State Dental Association
835 W. Queen Street
Southington, CT 06489

