

**JBROWN** 



DATE (MM/DD/YYYY)

12/30/2022 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 th	SUBROGATION IS WAIVED, subjec nis certificate does not confer rights to	t to	the certi	terms and conditions of ificate holder in lieu of su	the po	licy, certain p lorsement(s)	oolicies may	require an endorsemen	t. As	tatement on	
PRODUCER S. Wolf & Associates, Inc.						CONTACT NAME: PHONE (772) 754 0940 FAX					
						PHONE (A/C, No, Ext): (773) 754-0849 FAX (A/C, No):					
2338 W. Morse 1.C Chicago, IL 60645					E-MAIL (MC, NO).  E-MAIL (MC, NO).						
Omougo, in occurs						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A : Alliance Of Nonprofits For Insurance					
American Volkssport Association 1008 South Alamo Street San Antonio, TX 78210  COVERAGES CERTIFICATE NUMBER:						INSURER B:					
						INSURER C :					
						INSURER D :					
										+	
						RE:					
						REVISION NUMBER:					
TI IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	S OI EQUI PER	F INS REMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	NSR TYPE OF INCURANCE					POLICY EFF (MM/DD/YYYY)		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	INSD	SUBR WVD			(WIW/DD/1111)	(WINDD/1111)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			2023-62255		12/31/2022	12/31/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
								MED EXP (Any one person)	\$	20,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:							TRODUCTO - COMITTOL ACC	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(i ei accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							//OOKEO/ITE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	•		
Α				2023-62255-ACC		12/31/2022	12/31/2023	2.2. 3.62.1.62 1 62.61 2	Ψ		
DES Proc	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL of Insurance	ES (A	ACORE	D 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requir	ed)			
CERTIFICATE HOLDER						CANCELLATION					
Proof of Insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						Susan Polly Kosyla					