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DATE (MM/DD/YYYY)

AMERVOL-01

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CERTIFICATE OF LIABILITY INSURANCE								12/18/2023		
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. 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).										
	UCER				CONTA NAME:		-			
S. Wolf & Associates, Inc. 2338 W. Morse 1.C Chicago, IL 60645						PHONE (A/C, No, Ext): (773) 754-0849 E-MAIL ADDRESS: info@swolfandassociates.com				
					ADDILL			RDING COVERAGE		NAIC #
						INSURER A : Alliance Of Nonprofits For Insurance				10023
INSU	RED				INSURER B :					
American Volkssport Association						INSURER C :				
1008 South Alamo Street						INSURER D :				
San Antonio, TX 78210						INSURER E :				
					INSURE	RF:				
	VERAGES CE		-	E NUMBER:				REVISION NUMBER:		
CE EX	DICATED. NOTWITHSTANDING ANY RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	/ PER I POLI	TAIN,	, THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	DED BY	Y THE POLIC REDUCED BY	IES DESCRIB PAID CLAIMS	ED HEREIN IS SUBJECT	TO ALL	
	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI		1,000,000
	CLAIMS-MADE X OCCUR			2023-62255		12/31/2023	12/31/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
				2023-02233		12/31/2023	12/31/2024		\$	20,000
		-						MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	-						GENERAL AGGREGATE	\$	3,000,000
								PRODUCTS - COMP/OP AGG		3,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MAD	E						AGGREGATE	\$	
								PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE] N / A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE			
A	DÉSCRIPTION OF OPERATIONS below VolunteerParticipant			2023-62255-ACC		12/31/2023	12/31/2024	E.L. DISEASE - POLICY LIMIT	\$	
	Property			CWB0023014-01- 62255		12/31/2023	12/31/2024			
.										
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	D 101. Additional Remarks Schedu	ile. mav t	e attached if mor	re space is requi	red)	1	

ce is required) Proof of Insurance

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.
	AUTHORIZED REPRESENTATIVE Susan Polly Kosula

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