

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/12/2023

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).

| this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | | | |
|---|--|--|--------------------|------------------------|------------|--|----------------------------|---|----------|----------|------------|--|
| PRODUCER | | | | | | CONTACT NAME: | | | | | | |
| leuter Insurance Group | | | | | | PHONE (A/C, No, Ext): 989-835-6701 FAX (A/C, No): 989-835-2964 | | | | | | |
| 414 Townsend Midland MI 48640 | | | | | | E-MAIL ADDRESS: certs@ieuter.com | | | | | | |
| Wildianu Wii 40040 | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | |
| | | | | | | | | | | | 14508 | |
| INSURED AMPMINC-01 | | | | | | | | | | | | |
| A.M.P.M., INC. | | | | | INSURER B: | | | | | | | |
| PO Box 1887 | | | | | INSURER C: | | | | | | | |
| Midland MI 48641-1887 | | | | | | INSURER D: | | | | | | |
| | | | | | | INSURER E : | | | | | | |
| | | | | | | INSURER F: | | | | | | |
| | | | NUMBER: 1491158889 | 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 | NSR TYPE OF INSURANCE | | SUBR WVD | BR /D POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | 3 | | |
| Α | | | | B0511771 | | 2/1/2023 | 2/1/2024 | EACH OCCURRENCE | = | \$ 1.000 | .000 | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTEL PREMISES (Ea occurr | D | \$ 50,00 | , | |
| | OLANIVIO-IVIADE OCCUR | | | | | | | MED EXP (Any one pe | | \$ 10,00 | | |
| | | | | | | | | | | | <u> </u> | |
| | | | | | | | | PERSONAL & ADV INJURY \$ | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | | \$ 2,000 | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/0 | | \$ 2,000 | ,000 | |
| | OTHER: | | | | | | | COMBINED SINGLE I | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE L (Ea accident) | | \$ | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per | person) | \$ | | |
| | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per | ′ | \$ | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | : | \$ | | |
| | | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | Ξ | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | | |
| | DED RETENTION\$ | | | | | | | | | \$ | | |
| Α | WORKERS COMPENSATION W050 | | W0509427 | | 2/1/2023 | 2/1/2024 | X PER STATUTE | OTH- ER | Ψ | | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) | | | | | | | E.L. EACH ACCIDENT \$500,0 | | 00 | | |
| | | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,0 | | | | |
| | If yes, describe under | | | | | | | | | | | |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLIC | JY LIMIT | \$ 500,0 | 50 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Event: Viper Tradeshow September 2023 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | | |
| | | | | | | | | REOF, NOTICE | WILL B | E DEL | .IVERED IN | |
| | | | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| Viper Tradeshow Services | | | | | | AUTHORIZED REPRESENTATIVE | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | muo In | | | | | | |