| ACORD |  |
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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>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.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).   |  |                                     |                                     |                     |  |                           |            |   |  |
| PRODUCER  |  |                                     | CONTACT<br>NAME:                    |                     |  |                           |            |   |  |
| leuter Insurance Group<br>414 Townsend  | PHONE<br>(A/C, No, Ext): 989-835-6701 FAX<br>(A/C, No): 989-835-2964   |                                     |                                     |                     |  |                           |            |   |  |
| Midland MI 48640  |  |                                     | E-MAIL<br>ADDRESS: certs@ieuter.com |                     |  |                           |            |   |  |
|   |  |                                     |                                     |                     | RDING COVERAGE                         |                           | NAIC #     |   |  |
|   |  |                                     | INSURER A : Michigan Millers Mutual |                     |  |                           | 14508      |   |  |
| INSURED AMPMINC-01  |  |                                     | INSURER B :                         |                     |  |                           |            |   |  |
| A.M.P.M., INC.  |  |                                     | INSURER C :                         |                     |  |                           |            |   |  |
| PO Box 1887<br>Midland MI 48641-1887  |  |                                     | INSURER D :                         |                     |  |                           |            |   |  |
|   |  |                                     | INSURER E :                         |                     |  |                           |            |   |  |
|   |  |                                     | INSURER F :                         |                     |  |                           |            |   |  |
| COVERAGES CEF   | TIFIC  | CATE NUMBER: 1070365364             | MOOKENT .                           |                     | 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<br>LTR TYPE OF INSURANCE   | INSD   | WVD POLICY NUMBER                   | POLICY EFF<br>(MM/DD/YYYY)          | (MM/DD/YYYY)        | LIMITS                                 | ;                         |            |   |  |
| A COMMERCIAL GENERAL LIABILITY  |  |                                     | 2/1/2024                            | 2/1/2025            | DAMAGE TO RENTED                       | \$ 1,000,000<br>\$ 50,000 |            |   |  |
| X Business Owners   |  |                                     |                                     |                     |  |                           |            |   |  |
|   |  |                                     |                                     |                     | PERSONAL & ADV INJURY                  | \$                        |            |   |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |  |                                     |                                     |                     | GENERAL AGGREGATE                      | \$ 2,000,000              |            |   |  |
| POLICY PRO-<br>JECT LOC   |  |                                     |                                     |                     | PRODUCTS - COMP/OP AGG                 | \$ 2,000,000              |            |   |  |
| OTHER:  |  |                                     |                                     |                     |  | \$                        |            |   |  |
| AUTOMOBILE LIABILITY  |  |                                     |                                     |                     | COMBINED SINGLE LIMIT<br>(Ea accident) | \$                        |            |   |  |
| ANY AUTO  |  |                                     |                                     |                     |  | \$                        |            |   |  |
| OWNED AUTOS ONLY SCHEDULED  |  |                                     |                                     |                     | BODILY INJURY (Per accident)           | \$                        |            |   |  |
| HIRED NON-OWNED<br>AUTOS ONLY AUTOS ONLY  |  |                                     |                                     |                     | PROPERTY DAMAGE<br>(Per accident)      | \$                        |            |   |  |
|   |  |                                     |                                     |                     | · · · · · · · · · · · · · · · · · · ·  | \$                        |            |   |  |
| A X UMBRELLA LIAB X OCCUR   |  | L0301718                            | 2/1/2024                            | 2/1/2025            | EACH OCCURRENCE                        | \$4,000,000               |            |   |  |
| EXCESS LIAB CLAIMS-MADE   |  |                                     |                                     |                     | AGGREGATE                              | \$4,000,000               |            |   |  |
| DED X RETENTION \$ 10,000   |  |                                     |                                     |                     |  | \$                        |            |   |  |
| A WORKERS COMPENSATION  |  | W0509427                            | 2/1/2024                            | 2/1/2025            | X PER OTH-<br>STATUTE ER               |                           |            | - |  |
| AND EMPLOYERS' LIABILITY<br>ANYPROPRIETOR/PARTNER/EXECUTIVE   |  |                                     |                                     |                     |  |                           | \$ 500,000 |   |  |
| OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)   | N/A  |                                     |                                     |                     | E.L. DISEASE - EA EMPLOYEE             | \$ 500,0                  | 00         |   |  |
| If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |  |                                     |                                     |                     |  | \$ 500,0                  |            |   |  |
|   |  |                                     |                                     |                     |  |                           |            |   |  |
|   |  |                                     |                                     |                     |  |                           |            |   |  |
| <b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC</b><br>The Tradeshow June 17, 2024 – June 19,  |  | CORD 101, Additional Remarks Schedu | le, may be attached if mo           | re space is require | ed)                                    |                           |            |   |  |
|   |  |                                     |                                     |                     |  |                           |            |   |  |
| NFPA / NFPA Conference and Expo / FSE, LLC/Freeman /OCCC are added as additional insured.   |  |                                     |                                     |                     |  |                           |            |   |  |
|   |  |                                     |                                     |                     |  |                           |            |   |  |
|   |  |                                     |                                     |                     |  |                           |            |   |  |
|   |  |                                     |                                     |                     |  |                           |            |   |  |
| CERTIFICATE HOLDER  | CANCELLATION   | CANCELLATION                        |                                     |                     |  |                           |            |   |  |
|   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                                     |                                     |                     |  |                           |            |   |  |
| Fire Safety Exposition  |  |                                     |                                     |                     |  |                           |            |   |  |
| 1 Batterymarch park<br>Quincy MA 02169  | AUTHORIZED REPRESENTATIVE  |                                     |                                     |                     |  |                           |            |   |  |
| QUILCY WA UZ 109  | Anto Sing  |                                     |                                     |                     |  |                           |            |   |  |
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