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## **MRO Americas 2025 - COI Example** CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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CE BE	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 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).														
CONTACT														
					NAME: FAX									
Insurance Provider Street					(A/C, No, Ext): (A/C, No):									
City, State, Zip Code					ADDRESS: INSURER(S) AFFORDING COVERAGE									
					INSURER A : Liability Company									
					INSURER B :									
ΕA		Company				INSURER C :								
Sti	reet					INSURER D :								
Cit	ty, S	State, Zip Code				INSURER E :								
						INSURER F :								
					NUMBER: 1	REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEIN ISSUED 1. THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN CONTLACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR DED Y 1. TOULCIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY IN THE RELIGED BY PAID CLAIMS.														
INSR		TYPE OF INSURANCE	ADDL	SUBR			POL YEFF	POLICY EXP	LIMI	re				
A	Х	COMMERCIAL GENERAL LIABILITY	INSD Y	Y	POLICY NU 3ER		(MM/DD/YYYY) 1/1/2025	(MM/DD/YYYY) 1/1/2026	EACH OCCURRENCE	\$1,000	.000			
ŀ	~	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,0	,			
Ē									MED EXP (Any one person)	\$5,000				
									PERSONAL & ADV INJURY	\$1,000	,000			
	GEN								GENERAL AGGREGATE	\$2,000	,000			
		POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000			
		OTHER:		4						\$				
A		OMOBILE LIABILITY	Y	Y	Auto coverage is		1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000			
	Х				required if bringing				BODILY INJURY (Per person)	\$				
-		ALL OWNED AUTOS NON-OWNED			vehicles on the sho	w			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$				
ŀ	Х	HIRED AUTOS X AUTOS			floor				(Per accident)	\$				
В	Х		Y	Y			1/1/2025	1/1/2026						
		EXCESS LIAB CLAIMS-MADE		•			., ., 2020		EACH OCCURRENCE AGGREGATE	\$ \$				
F		DED RETENTION \$							AGONEGATE	\$				
Α		KERS COMPENSATION		Y			1/1/2025	1/1/2026	X PER OTH- STATUTE ER	· ·				
	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED2 Y	N/A						E.L. EACH ACCIDENT	\$1,000	,000			
			N/A						E.L. DISEASE - EA EMPLOYEE	\$1,000	,000			
	If yes DES	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000	,000			
								ne space is requ	med)					
		W: MRO Americas   DATES					•	utomobile	and Imbralla Licki	it.				
		agreed that the following are les with respect to operations												
		ma Media, Aviation Week Ne												
		ns Fund and other State esta												
		ective officers and employee				9				••				
	•	ICATE HOLDER				CANC	ELLATION							
Informa Media 605 3rd Avenue New York, NY 10158						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							
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