

CERTIFICATE OF INSURANCE EXAMPLE

PRODUCER NAME OF YOUR PRODUCER			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HEREIN.			
			COMPANIES AFFORDING COVERAGE			
INSURED NAME OF EXHIBITING COMPANY ADDRESS PHONE FAX			COMPANY LETTER A NAME OF YOUR INSURANCE COMPANY			
NAME OF EXHIBITING COMPANY ADDRESS PHONE FAX			COMPANY LETTER B			
NAME OF EXHIBITING COMPANY ADDRESS PHONE FAX			COMPANY LETTER C			
NAME OF EXHIBITING COMPANY ADDRESS PHONE FAX			COMPANY LETTER A			
COVERAGES						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIM.						
TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
CO LTR	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIM MADE X OCCUR. OWNER'S CONTRACTOR'S PROT. _____	YOUR POLICY NUMBER	03/9/2026	03/14/2026	GENERAL AGGREGATE	\$2,000,000
					PRODUCTS-COMP / OP AGG	\$2,000,000
					PERSONAL & ADV. INJURIES	\$1,000,000
					EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (ANY ONE FIRE)	\$300,000
					MED. EXPENSE (ANY ONE PERSON)	
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS _____		YOUR POLICY NUMBER			COMBINED SINGLE LIMIT	
					BODILY INJURY (PER PERSON)	
					BODILY INJURY (PER ACCIDENT)	
					PROPERTY DAMAGE	
GENERAL LIABILITY ANY AUTO _____					AUTO ONLY - EA ACCIDENT	
					OTHER THAN AUTO ONLY	
					EACH ACCIDENT	
					AGGREGATE	
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM		YOUR POLICY NUMBER	SAME	SAME	EACH OCCURRENCE	
					AGGREGATE	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR / INCL PARTNERS / EXECUTIVE OFFICERS ARE: EXCL		YOUR POLICY NUMBER	SAME	SAME	STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE - POLICY LIMIT	
					DISEASE - EACH EMPLOYEE	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS Additional Insured: The Thomas P. Hinman Dental Meeting and The Hinman Dental Society of Atlanta, and their respective members, officers, directors, trustees, agents, representatives and employees. 2025 Thomas P. Hinman Dental Meeting March 20 - 22, 2025						
CERTIFICATE HOLDER The Thomas P. Hinman Dental Meeting 33 Lenox Pointe NE Atlanta, GA 30324-3172 Attn: Exhibits Manager		CANCELLATION SHOULD ANY OF THE POLICIES LISTED HEREIN BE CANCELED BEFORE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.				
		BY:				
		MMI 1 (10/06) VALID AS OF MM/DD/YY				