CERTIFICATE OF INSURANCE
EXAMPLE

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.
NAME OF YOUR PRODUCER	COMPANIES AFFORDING COVERAGE
	COMPANY LETTER **A** NAME OF YOUR INSURANCE COMPANY
INSURED	COMPANY LETTER **B**
NAME OF EXHIBITING COMPANY ADDRESS PHONE FAX	COMPANY LETTER **C**
	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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY					
	X COMMERCIAL GENERAL LIABILITY	YOUR POLICY NUMBER		03/21/2027	GENERAL AGGREGATE	$2,000,000
	CLAIM MADE X OCCUR.		03/17/2027		PRODUCTS-COMP / OP AGG	$2,000,000
	OWNER'S CONTRACTOR'S PROT.				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				COMBINED SINGLE LIMIT	
	ANY AUTO	YOUR POLICY NUMBER			BODILY INJURY (PER PERSON)	
	ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	
	SCHEDULED AUTOS				PROPERTY DAMAGE	
	HIRED AUTOS					
	NON-OWNED AUTOS					
	GENERAL LIABILITY				AUTO ONLY - EA ACCIDENT	
	ANY AUTO				OTHER THAN AUTO ONLY	
					EACH ACCIDENT	
					AGGREGATE	
	EXCESS LIABILITY				EACH OCCURRENCE	
	UMBRELLA FORM	YOUR POLICY NUMBER	SAME	SAME		
	OTHER THAN UMBRELLA FORM				AGGREGATE	
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY LIMITS	
		YOUR POLICY NUMBER	SAME	SAME	EACH ACCIDENT	
	THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE: INCL				DISEASE - POLICY LIMIT	
	EXCL				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.

2026 Thomas P. Hinman Dental Meeting March 12 - 14, 2026

CERTIFICATE HOLDER	CANCELLATION
The Thomas P. Hinman Dental Meeting 33 Lenox Pointe NE Atlanta, GA 30324-3172 Attn: Exhibits Manager	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