Client#: 1281896 MUSCUDYS

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/03/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRO	DUCER						NAME:	T Amelia 🕻	Jimenez					
USI Insurance Services LLC 333 Westchester Avenue, Suite 102								PHONE (A/C, No, Ext): 516 419-4056 FAX (A/C, No):				_: 610 537-4552		
								E-MAIL ADDRESS: amelia.jimenez@usi.com						
Wh	ite Pla	ains, NY 10604	1				INSURER(S) AFFORDING COVERAGE						NAIC #	
							INSURER	A : ACE Am	erican Insura	nce Company			22667	
INSURED								INSURER B:						
Muscular Dystrophy Association, Inc. 1016 W Jackson Blvd #1073 Chicago, IL 60607-0050							INSURER C:							
							INSURER D:							
							INSURER E:							
							INSURER F:							
CO	/ERAC	GES	CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:							
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						T, TERM OR CONDITION O THE INSURANCE AFFORDEI								
ΕX				POL	ICIES	. LIMITS SHOWN MAY HAV	VE BEEN	REDUCED I	BY PAID CLAI					
INSR LTR		TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	(POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		3		
	С	OMMERCIAL GENER	AL LIABILITY							EACH OCCURRENC		\$		
		CLAIMS-MADE	OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	D rrence)	\$		
										MED EXP (Any one p	erson)	\$		
										PERSONAL & ADV I	NJURY	\$		
	GEN'L	AGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREG	ATE	\$		
	P	OLICY PRO- JECT	LOC							PRODUCTS - COMP	/OP AGG	\$		
	0	THER:										\$		
	AUTON	MOBILE LIABILITY								COMBINED SINGLE (Ea accident)	LIMIT	\$		
		NY AUTO	7							BODILY INJURY (Pe	r person)	\$		
		WNED UTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Pe	,	\$		
	H	IRED UTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$		
												\$		
		MBRELLA LIAB	OCCUR						·	EACH OCCURRENC	Ε	\$		
	E	XCESS LIAB	CLAIMS-MADE						·	AGGREGATE		\$		
DEC										leen l	OTIL	\$		
		ERS COMPENSATIOI MPLOYERS' LIABILIT							•	PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A					•	E.L. EACH ACCIDEN	IT	\$		
	(Manda	atory in NH) describe under							•	E.L. DISEASE - EA E	MPLOYEE	\$		
	DÉSCR	RIPTION OF OPERATI	ONS below							E.L. DISEASE - POL				
Α	*Fire	Fighter				PTPN04822420	0	4/01/2024	04/01/2025	*See Desc of	Operat	ions		
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CERTIFICATE HOLDER

CANCELLATION

Muscular Dystrophy Association, 1016 W Jackson Blvd #1073 Chicago, IL 60607-0050 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

1 1 100	1 02
Lille	Scott

