

## CERTIFICATE OF LIABILITY INSURANCE

INTER05 OP ID: RL

DATE (MM/DD/YYYY)

01/21/14

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.

ti	nPORTANT: If the certificate holder is ne terms and conditions of the policy, prtificate holder in lieu of such endors	cert	ain p	olicies may require an er							
PRO	DUCER	J.110	(0/	=	CONTAI NAME:	CT Linda Ma	azzaferri	:			
Leonard Insurance Serv Agy Inc				Fax: 330-498-9946							
Canton, OH 44711-9160				1 ux. 000 400 0040	E-MAIL	EMAIL ADDRESS: Imazzaferri@leonardinsurance.com					
Linda A Mazzaferri											
-						INSURER A : Cincinnati Insurance Company				NAIC#	
					· · · · · · · · · · · · · · · · · · ·					10677	
International Plastic Modelers Society USA & It's Chapters					INSURE	RB:					
P O Box 2475 North Canton, OH 44720						INSURER C:					
						INSURER D:					
					INSURER E:						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PACKLUSIONS AND CONDITIONS OF SUCH PROPERTY.	QUIF ERT POLIC	EME	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER IS S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS	
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY	Χ	,	ENP0223106		01/15/14	01/15/17	PREMISES (Ea occurrence)	\$	500,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000 <u>,</u> 000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	POLICY PRO-							Emp Ben.	\$	1,000,000	
	AUTOMOBILE LIABILITY						··	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			ENP0223106		01/15/14	01/15/17	BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	V NON-OWNED							PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
	X UMBRELLA LIAB OCCUR							EAGU GOOUDDENGE		1,000,000	
Α				ENP0223106		01/15/14	01/15/17	EACH OCCURRENCE	\$	1,000,000	
^	CEANIVIONADE			LIVI OZZOTOO		01/10/14	01110111	AGGREGATE	\$	1,000,000	
	DED X RETENTION\$ WORKERS COMPENSATION							WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY							TORY LIMITS ER			
		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)		!					E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
								,			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI TIME Beitia Coliseum is an Ac	-		-		•					
	icy by form GA210 02/07.		01	er meared on the	Gene	tai niabi	LIICY				
	e of International Plastic										
	me, Date & Location of Event Time Beitia Coliseum, Calle F					epruary 4	23, 2014,				
				,							
CERTIFICATE HOLDER CANCELLATION											
				COSME-0							
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
Cosme Beitia Coliseum						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Calle Hernandez											
Catano, PR 00962						AUTHORIZED REPRESENTATIVE					
						1. d. A M 1772 alson					