

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/28/2016

THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUF REPRESENTATIVE OR PRODUCER, AI	ELY OR	NEGATIVELY AMEND, EXT DES NOT CONSTITUTE A C	END OR ALTER TH	E COVERAG	E AFFORDED BY THE POI	LICIES
IMPORTANT: If the certificate holder i	s an ADD	DITIONAL INSURED, the po				
the terms and conditions of the policy certificate holder in lieu of such endo			ndorsement. A stat	ement on the	s certificate does not con	ifer rights to the
PRODUCER	CONTACT NAME:					
Outdoor Underwriters, Inc.	PHONE 1-866-961-4101 FAX A/C, No, Ext): 1-866-961-4101 I-803-451					
140 Stoneridge Drive, Suite 230				rt@outdoorund		(o).
Columbia, SC 29210			INSURER(S) AFFORDING COVERAGE			NAIC #
			INSURER A: Certain			
INSURED			INSURER B:			
National Woodland Owners Association			INSURER C:			
Landowners			INSURER D:			
374 Maple Avenue E			INSURER E:			
Suite 310 Vienna, VA 22180			INSURER F:			
COVERAGES CERT	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES C INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PEI EXCLUSIONS AND CONDITIONS OF SUCH F INSRI	UIREMEN [.] RTAIN, TH	T, TERM OR CONDITION OF A E INSURANCE AFFORDED BY LIMITS SHOWN MAY HAVE BE	ANY CONTRACT OR (Y THE POLICIES DES	OTHER DOCUN CRIBED HERE	MENT WITH RESPECT TO W IN IS SUBJECT TO ALL THE	HICH THIS TERMS,
	INSR W	VD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	1 000 000
GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	
					· · · · ·	\$ E 000
		TL0104680	Jan 01 2017	Jan 01, 2018	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ EXCLUDED
	-		oun on, 2017	001101,2010	GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	-				PRODUCTS - COMP/OP AGG	\$ 1,000,000
					THODOCTS - COMPON ACC	\$
					COMBINED SINGLE LIMIT	\$
					(Ea accident)	
ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$ \$
AUTOS AŬTOS HIRED AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	
AUTOS					(Per accident)	\$ \$
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
DED RETENTION \$					Additedate	\$
WORKERS COMPENSATION AND					WC STATU- TORY LIMITS ER	ψ
EMPLOYERS LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	1 1				E.L. EACH ACCIDENT	\$
OFFICER/MEMBER EXCLUDED?	N / A				E.L. DISEASE - EA EMPLOYEE	\$
If yes, describe under DESCRIPTION OF OPERATIONS below						\$
						Ŷ
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (Atta	nch ACORD 101, Additional Remark	ks Schedule, if more spa	ace is required)		
CERTIFICATE HOLDER	CANCELLATION					
	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 Dearge C. Wilson			
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