

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/23/17

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

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PRODUCER						CONTACT NAME: Aon Risk Services, Inc of Florida				
Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100					PHONE	PHONE (A/C, No, Ext): 800-743-8130 (A/C, No): 800-522-7514				
Miami, FL 33131-4937					ÉMAIL	ÉMAIL				
					ADDRI	ADDRESS: ADP.COI.Center@Aon.com INSURER(S) AFFORDING COVERAGE			NAIC#	
						INSURER A: New Hampshire Ins Co			23841	
INSURED						INSURER B:			20011	
ADP TotalSource FL XIX, Inc. 10200 Sunset Drive						INSURER C :				
Miami, FL 33173 ALTERNATE EMPLOYER						INSURER D :				
Vance Outdoors Inc.						INSURER E :				
3723 Cleveland Ave Columbus, OH 43224					-	INSURER F :				
COVERAGES CERTIFICATE NUMBER: 1614638 REVISION NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,										
	EXCLUSIONS AND CONDITIONS OF SUCH							LIMITS SHOWN ARE AS		
INSR LTR	R TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	POLICY PROJECT LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER							\$ COMBINED SINGLE LIMIT		
	AUTOMOBILE LIABILITY							(Ea accident) \$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
	AUTOS ONLY AUTOS ONLY							(Per accident) \$		
_								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DEC RETENTION \$ WORKERS COMPENSATION							X PER OTH- STATUTE ER		
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WC 026160320 F		Y 07/01/17	07/01/18				
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	2,000,000	
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	ACOI	RD 101, Additional Remarks S	chedule, ma	y be attached if m	nore space is red	uired)	alternate employer	
und	All worksite employees working for VANCE OUTDOORS INC., paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. VANCE OUTDOORS INC. is an alternate employer under this policy.									
COVERAGE INCLUDES ALL STATES EXCEPT THOSE THAT ARE MONOPOLISTIC (OH, ND, WY and WA).										
CERTIFICATE HOLDER CANCELLATION										
Vance Outdoors Inc. 3723 Cleveland Ave						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
Columbus, OH 43224						ACCORDANCE WITH THE POLICY PROVISIONS.				
					AUTHORIZED REPRESENTATIVE					