

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) DATE

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 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).									
PRODUCER					CONTACT NAME:				
				PHONE FAX					
YOUR INSURANCE AGENTS NAME					l E-MAIL				
					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #				
					INSURER A: YOUR INSURANCE COMPANY				
INSURED				INSURER B:					
VOLED COMPANIA MAR AND ADDRESS				INSURER C:					
YOUR COMPANY NAME AND ADDRESS				INSURE					
					RE:				
COVERAGES CERTIFICATE NUMBER:					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 POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR TYPE OF INSURANCE	ADDL	DL SUBR				POLICY EXP (MM/DD/YYYY)			
GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MIM/DD/YYYY)	(IVIIVI/DD/YYYY)		000,000	
X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				[DATE	DAMAGE TO RENTED 100	0,000	
			000000000		DATE		PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000		
CLAIIVIS-IVIADE 1	Χ						PERSONAL & ADV INJURY \$ 1,000,000		
								000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								000,000	
POLICY PRO- JECT LOC							\$		
X AUTOMOBILE LIABILITY	x	000000000					COMBINED SINGLE LIMIT \$ 1,0	000,000	
X ANY AUTO				DATE	DATE	BODILY INJURY (Per person) \$			
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
							\$		
X UMBRELLA LIAB X OCCUR	.,	0000000000			DATE	DATE	EACH OCCURRENCE \$ 2,0	00,000	
EXCESS LIAB CLAIMS-MADE	Х				DATE	Ditte	AGGREGATE \$ 2,0	00,000	
DED RETENTION\$							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		000000000		DATE	DATE	DATE	WC STATU- OTH- TORY LIMITS ER		
					DATE		L.L. LACITACCIDENT	,000,000	
							L.L. DIOLAGE - LA LIVII LOTEL 9	,000,000	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$,000,000	
DESCRIPTION OF OPENATIONS (LOCATIONS (VEHICLES (Area) ACODD 404 Additional Description)									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
COVERING SUN RV & CAMPING SHOW MARCH 9 -19, 2024 IT IS HEREBY AGREED THAT NORTHEAST PRODUCTIONS INC. ,MOHEGAN GAMING									
ENTERTAINMENT , THE MOHEGAN TRIBE INDIANS OF CONNECTICUT AS WELL AS EACH OF THEIR AFFILIATES ARE ENDORSED TO THE POLICIES AS ADDITIIONAL INSURED , ON A PRIMARY BASIS , IRRESPECTIVE OF ANY OTHER COVERAGE ,									
WHETHER COLLECTIBLE OR NOT									
CERTIFICATE HOLDER					CANCELLATION				
NORTHEAST PRODUCTIONS INC.					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
PO BOX 310848									
NEWINGTON, CT 06131									
					AUTHORIZED REPRESENTATIVE				