



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/28/2018

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).

PRODUCER Beecher Carlson Insurance Services 6 Concourse Parkway, Suite 2300 Atlanta, GA 30328 www.beechercarlson.com	CONTACT NAME: (ATL) Judith Boich PHONE (A/C, No, Ext): FAX (A/C, No): 770-870-3031 E-MAIL ADDRESS: jboich@beechercarlson.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: AIG Specialty Insurance Company</td> <td>26883</td> </tr> <tr> <td>INSURER B: National Union Fire Ins Co of Pittsburgh, PA</td> <td>19445</td> </tr> <tr> <td>INSURER C: New Hampshire Insurance Co.</td> <td>23841</td> </tr> <tr> <td>INSURER D: Ace Property & Casualty Insurance Co.</td> <td>20699</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: AIG Specialty Insurance Company	26883	INSURER B: National Union Fire Ins Co of Pittsburgh, PA	19445	INSURER C: New Hampshire Insurance Co.	23841	INSURER D: Ace Property & Casualty Insurance Co.	20699	INSURER E:		INSURER F:
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INSURED Marriott International, Inc. & Subsidiaries Attn: Risk Management Dept. 52/924.36 (Insurance) 301-380-5685 10400 Fernwood Road Bethesda MD 20817														

COVERAGES

CERTIFICATE NUMBER: 44556469

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability <input checked="" type="checkbox"/> \$500,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL 5425761	10/1/2018	10/1/2019	EACH OCCURRENCE \$4,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$4,500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$4,500,000 GENERAL AGGREGATE \$7,500,000 PRODUCTS - COMP/OP AGG \$4,500,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			AL 9744636 - AOS (Excluding MA, VA) AL 9744637 - VA AL 9744638 - MA	10/1/2018	10/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$N/A			X00 G2790564A 004 Prod-Comp Ops Agg \$15M	10/1/2018	10/1/2019	EACH OCCURRENCE \$15,000,000 AGGREGATE \$120,000,000 Per Loc Aggregate \$15,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 031467915 (AOS) (See Attachment)	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$3,000,000 E.L. DISEASE - EA EMPLOYEE \$3,000,000 E.L. DISEASE - POLICY LIMIT \$3,000,000
C	Workers Compensation			See Attachment for Additional Policies	10/1/2018	10/1/2019	See Attachment Details

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Renaissance Washington, DC Downtown Hotel, 999 Ninth Street, NW Washington, DC 20001 ID:9671P

Evidence of Insurance

CERTIFICATE HOLDER**CANCELLATION**
 Renaissance Washington DC Downtown Hotel
 Attn: Director of Operations
 999 9th St NW
 Washington DC 20001

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 *Beecher Carlson Insurance Services, LLC*

Beecher Carlson Insurance Services, LLC

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ACORD 25 (2016/03)

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TYPE/STATES COVERED	CARRIER	POLICY NO.	COVERAGES
WORKERS COMPENSATION			
SELF-INSURED SPECIFIC EXCESS POLICY AL,AR,AZ,CT,DC,DE,GA,HI,IA,IL,IN,KY,LA,MD,MI,MO,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SC,TN,WA,WV	National Union Fire Insurance Company of Pittsburgh, PA	XWC 5565564	W.C. Statutory each EE for Disease W.C. Statutory each Accident Employers Liability: \$2,500,000 -Each Accident \$2,500,000 -Each Employee/Disease \$2,500,000 -Aggregate/Disease \$500,000 -Self Insured Retention
SELF-INSURED SPECIFIC EXCESS POLICY FL	National Union Fire Insurance Company of Pittsburgh, PA	XWC 5565565	W.C. Statutory each EE for Disease W.C. Statutory each Accident Employers Liability: \$2,000,000 -Each Accident \$2,000,000 -Each Employee/Disease \$2,000,000 -Aggregate/Disease \$1,000,000 -Self Insured Retention
SELF-INSURED SPECIFIC/AGG EXCESS POLICY – Workers’ Compensation and Employer’s Liability NC	National Union Fire Insurance of Pittsburgh, PA	XWC 5565566	Statutory – Workers’ Comp/Employers Liability: \$2,500,000 -Each Accident \$2,500,000 -Each Employee/Disease \$2,500,000 -Aggregate/Disease \$10,000,000 -Aggregate Excess \$5,000,000 -Aggregate Retention \$500,000 -Self Insured Retention
SELF-INSURED SPECIFIC EXCESS POLICY CA	National Union Fire Insurance Company of Pittsburgh, PA	XWC 5565567	W.C. Statutory each EE for Disease W.C. Statutory each Accident Employers Liability: \$2,500,000 -Each Accident \$2,500,000 -Each Employee/Disease \$2,500,000 -Aggregate/Disease \$500,000 -Self Insured Retention
INSURED STATES AL,AR,CO,CT,DC,GA,ID,IN,KS,M E,MI,MN,MO,MS,MT,NE,NV,NY,RI,SD,TN,TX,WV	New Hampshire Insurance Company	WC 031467915	Statutory Workers’ Comp/Employers Liability: \$3,000,000 -Each Accident \$3,000,000 -Each Employee/Disease \$3,000,000 -Aggregate/Disease
INSURED STATES NH, NJ, PA, UT, VA, VT	New Hampshire Insurance Company	WC 031467916	Statutory Workers’ Comp/Employers Liability \$3,000,000 -Each Accident \$3,000,000 -Each Employee/Disease \$3,000,000 -Aggregate/Disease
INSURED STATE FL	New Hampshire Insurance Company	WC 031467917	Statutory Workers’ Comp/Employers Liability \$3,000,000 -Each Accident \$3,000,000 -Each Employee/Disease \$3,000,000 -Aggregate/Disease
INSURED STATES MA, WI, WY	The Insurance Company of the State of Pennsylvania	WC 031467918	Statutory Workers’ Comp/Employers Liability \$3,000,000 -Each Accident \$3,000,000 -Each Employee/Disease \$3,000,000 -Aggregate/Disease

GENERAL LIABILITY			
Texas Employer’s Indemnity (Non-Subscriber)	National Union Fire Insurance Company of Pittsburgh, PA	GL 5425757	(a) Associate Injury Benefit Plan per Plan Benefit (b) Employers’ Liability: \$2,000,000 -Each Accident \$2,000,000 -Each Employee/Disease \$2,000,000 -Aggregate/Disease \$1,000,000 -Retention
USVI General Liability	AIG Insurance Company of Puerto Rico	GL 005-1002250	\$5,000,000 – Each Occurrence \$5,000,000 – Personal & Advertising Injury \$7,500,000 – General Aggregate \$5,000,000 – Products Comp/Op Agg

AUTO LIABILITY			
USVI Auto Liability	AIG Insurance Company of Puerto Rico	AL 201-1002201	Automobile Liability: \$2,000,000 Limit & GKLL \$3,000,000 Limit