

August 23, 2011

To: ASHRAE Chapters U.S. and Canada  
From: Lauren Merkel

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Attached you will find a certificate of insurance listing your individual chapter as a certificate holder. ASHRAE extends General Liability insurance to all chapters in the US and Canada. The coverage provides protection from third party suits arising from actual or alleged property damage, bodily injury and/or personal injury subject to policy terms and conditions.

Host Liquor Liability is included under the General Liability coverage. Because ASHRAE is not in the business of selling, distributing or manufacturing alcoholic beverages, Host Liquor Liability will cover all events sponsored by ASHRAE, including Chapters.

General Liability coverage is available to chapters for various fund raising activities, including golf outings. Certain sporting events are not covered including racing, skiing, activities involving firearms, boating and any other activity not approved by the insurance carrier. Please notify Cindy Simmons of your sporting event in order to determine insurability.

Directors & Officers coverage purchased by ASHRAE does not extend to Chapters. If you are interested in coverage for D&O liability coverage for your chapter, please contact a local professional insurance broker.

If you are required to provide a certificate of insurance for an event or for a technical tour sponsored by an ASHRAE Chapter, please contact:

Brittany Biancofiore  
Email- [bbiancofiore@pj-ins.com](mailto:bbiancofiore@pj-ins.com)  
Pritchard & Jerden, Inc.  
Three Piedmont Center  
Suite 700  
Atlanta, GA 30305  
Phone: 404-949-1081  
Fax: 404-261-5440



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: LM1

DATE (MM/DD/YYYY)

08/23/11

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).

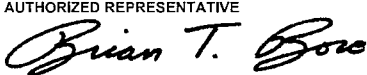
<b>PRODUCER</b> <b>Pritchard &amp; Jerden, Inc.</b> <b>3 Piedmont Center, Suite 700</b> <b>Atlanta, GA 30305-4604</b> <b>Dave W. Mathews</b>		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #: ASHRA-1</b>	
<b>INSURED</b> <b>ASHRAE</b> <b>Amer Society of HVAC Engineers</b> <b>1791 Tullie Circle NE</b> <b>Atlanta, GA 30329-2305</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A: Hanover Insurance Company</b> <b>22292</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> <b>OCCUR</b>			ZDA5743163	06/30/11	06/30/12	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>			UHA5933544	06/30/11	06/30/12	EACH OCCURRENCE \$ <b>5,000,000</b>
	<input checked="" type="checkbox"/> <b>RETENTION \$</b>						AGGREGATE \$ <b>5,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS    OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  <b>DIREN-1</b>  <b>Direct Energy</b> <b>Stephen Lynch</b> <b>1950 Schroeder Crescent</b> <b>Orleans, ON K4A 4P7</b> <b>Canada</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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