



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/05/2020

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 McGowan Insurance Group, Inc. 355 Indiana Avenue Suite 200 Indianapolis IN 46204	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Kathy Hoyer</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (317) 464-5000</td> <td>FAX (A/C, No): (317) 464-5001</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: kathyhoyer@mcgowaninc.com</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: West American Ins Company</td> <td style="text-align: center;">44393</td> </tr> <tr> <td>INSURER B: Ohio Securities</td> <td></td> </tr> <tr> <td>INSURER C: Continental Casualty Company</td> <td style="text-align: center;">20443</td> </tr> <tr> <td>INSURER D: Cincinnati Insurance Company</td> <td style="text-align: center;">10677</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	CONTACT NAME: Kathy Hoyer		PHONE (A/C, No, Ext): (317) 464-5000	FAX (A/C, No): (317) 464-5001	E-MAIL ADDRESS: kathyhoyer@mcgowaninc.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: West American Ins Company	44393	INSURER B: Ohio Securities		INSURER C: Continental Casualty Company	20443	INSURER D: Cincinnati Insurance Company	10677	INSURER E:		INSURER F:	
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INSURED Murat Shriners, A Division of Shriners International 510 N. New Jersey Indianapolis IN 46204																					

COVERAGES **CERTIFICATE NUMBER:** 2019-20 Master **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			BKW58146338	11/01/2019	11/01/2020	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:								GENERAL AGGREGATE	\$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			BAS58146338	11/01/2019	11/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								Uninsured motorist	\$ 1,000,000	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			6020761035	11/01/2019	11/01/2020	COMBINED SINGLE LIMIT EACH OCCURRENCE	\$ 5,000,000		
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000		
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$		
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			XWS58146338	11/01/2019	11/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N / A					E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$ 500,000
									E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	D&O, EPLI			EMN0417531	01/01/2019	01/01/2020	Limit	\$3,000,000		
							Deductible	\$5,000		

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

June 14, 2020 Jamestown Parade

CERTIFICATE HOLDER

Jamestown Parade Jamestown IN	
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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